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ABSTRACT

The case for vocational counseling/guidance as an invaluable community service has been widely accepted. However, the main issues of rehabilitation counseling need restating and, in some cases, reexamining. Vocational guidance and personal, psychological, and family counseling can all be daily duties. The distinctions between counseling and guidance need to be clearly stated. Professionals in the field should identify the specifics of their job performances in daily practice. Also discussed are the prerequisite knowledge and skills for rehabilitation counselors, desirable psychological counseling skills, and issues in career counseling versus career guidance, case documentation, and vocational rehabilitation counselor education. Emphasis on improved training could especially benefit the large number of individuals employed as vocational rehabilitation counselors who do not have an educational background in rehabilitation or social services. There should, above all, be a renewed emphasis on the understanding of dynamics of interpersonal relationships and of human communication and interaction, which lie at the heart of the technology of counseling. Rehabilitation counselors should look for ways to constantly improve their proficiency in these areas. Contains 142 references. (CC)

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TWENTIETH INSTITUTE ON REHABILITATION ISSUES

ED 376 389

COUNSELING AND CAREER GUIDANCE IN THE REHABILITATION PARTNERSHIP

RESEARCH AND TRAINING CENTER

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Report from the Study Group on

COUNSELING AND CAREER GUIDANCE IN THE REHABILITATION PARTNERSHIP

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Twentieth Institute on Rehabilitation Issues

New Orleans - November, 1993

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Foreword

The very mention of counseling and career guidance brings back memories of the first published training document produced through the Institute on Rehabilitation Issues (GTP at that time). All of us old timers in vocational rehabilitation read it, took tests on its content, and referred to it often. The book, of course, was Introduction to Vocational Rehabilitation by McGowen and Porter. It was the book that was used to train the first professional counselors in vocational rehabilitation during the expansion following the 1954 Vocational Rehabilitation Act Amendments (Public Law 565).

It was the 1954 amendments that allowed for training grants including long-term, short-term, and in-service training. Graduate training programs were begun all over the country often in departments of psychology. However, there was a scarcity of published training materials available in this new field. Few professors in these new programs knew how counseling and guidance were applied to vocationally rehabilitate persons with disabilities. Luckily, the Guidance, Training, and Placement project had produced training outlines for in-service training in state agencies. These became the raw material for McGowen and Porter's efforts.

In the almost forty years the Institute on Rehabilitation Issues has produced training documents on the leading issues in the field of vocational rehabilitation, several spoke, in part, of counseling and/or guidance as applied in the state agency. However, none faced head-on the issues of counseling or guidance. The rehabilitation act amendments over the years have made several significant changes in the way services were delivered by state vocational rehabilitation agencies. The 1992 amendments are no exception particularly as to counseling and guidance. Therefore, the executive committee of the Institute on Rehabilitation Issues chose "Provision and Documentation of Counseling and Guidance Services" for study by the 20th Institute. The intent was not to rewrite the first text by McGowen and Porter. Instead it was to grapple with the difficult task of how counseling and career guidance should be incorporated into vocational rehabilitation services. In addition, there was concern with finding a way to help consumers develop plans that were career oriented. It was felt that a partnership could be developed between the consumer and counselor that went well beyond the scope of that envisioned in the 1950s.

The charge to the Prime Study Group was very broad and vague. "Study the issues surrounding counseling and guidance and its documentation in vocational rehabilitation." The call for applicants to the Prime Study Group went out over Rehab-Net, and many people indicated their interest in serving on this group. Because of budget restraints, only nine could be picked. Those chosen were from all over the country. With the exception of two educators, all held responsible positions within state agencies either as professional counselors or with day-to-day contact with vocational rehabilitation counselors. The mix of the Prime Study Group was intentional. What was needed were individuals who could work as a group, write well, work hard, state a position, listen to critique of that position, and dedicate their work to furthering the goals of vocational rehabilitation.

The Prime Study Group met three times. At the first meeting the group listed issues surrounding the provision of counseling and guidance and its documentation. Each member

came prepared with written materials to share with the group. During the initial discussion it became clear that counseling and guidance were two entirely different services. It also became clear that the group had taken on an enormous task. By the end of the first meeting, however, outlines for chapters were prepared, discussed, reordered, and rewritten. Each member of the group was assigned to two chapters either to produce written sections for or to act as lead writer for that chapter. Each Institute Fellow returned home, caught up on the neglected work during his/her absence, and completed the writing assignment on his/her own time. Their efforts were collected, duplicated, and returned to them as a rough draft of the book. Prior to the second meeting each read the entire document and wrote comments. At the second meeting the material was discussed, reoutlined,and reordered after comments by the other Institute Fellows. Again at the completion of the meeting, each fellow was given a writing assignment to complete before the annual meeting.

The annual meeting of the Institute was held in New Orleans in November 1993. Prior to the meeting all participants received copies of the book, and they brought their comments to the annual meeting. At that meeting these individuals from state agencies critiqued the Prime Study Group's efforts. Their role was to help the editors improve the document. Their comments were then incorporated into the final document by an editorial committee made up of members of the Prime Study Group. When the editorial committee completed its work, I did the final editing and am solely responsible for any errors or omissions.

I commend the IRI Fellows (Prime Study Group Members). It was their commitment to create a document that would help improve services to persons with disabilities that produced this training document. All were dedicated and gave of themselves through long hours of hard work. They were willing to expose their ideas to criticism. I also commend those who attended the annual meeting and who, through their comments and efforts, helped improve the document. It was through the efforts of both groups that this publication about empowerment and partnership in vocational rehabilitation was produced.

David (Dave) W. Corthell, Editor

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Chapter I

INTRODUCTION

It is the intention of this publication to put to rest a number of myths regarding counseling and guidance in the vocational rehabilitation setting that over time have become truths in the minds of people. It is important to recognize these myths regardless of how they were created or embellished. The following are some of the more glaring myths:

1. Counseling and guidance are the same.

2. Status 14 is the only time counseling and guidance is the primary service.

3. All consumers want and need counseling and guidance.

4. Providing counseling and guidance takes too much time.

Another pervasive myth is that the state/federal status system, including Status 14, is required by law. The case status system is not now, nor has it ever been, a requirement of any rehabilitation act. The system was devised years ago as a statistical method to account for persons served. It was devised to identify how many individuals were in each point in the service delivery system.

Over the next several months the intent of the Rehabilitation Act Amendments of 1992 will be translated into regulations and implemented by state rehabilitation agencies. Therefore, this would be a good time to consider revising or eliminating the current status system. In fact, the Council of State Administrators of Vocational Rehabilitation (CSAVR) has initiated just such considerations. The preliminary results are included in a CSAVR document that has become known as the "Aspen Document;" it deserves careful review and consideration. The CSAVR document urges revising the status system to identify only referral and eligibility information, service delivery, and case closure.

Along with the myths about counseling and guidance are found truisms. Discussions with rehabilitation counselors indicate that for some counselors, all or part of the following may be truths:

1. My background is not counseling and I am just not trained to do counseling and guidance.

2. I am afraid to get involved beyond giving information to the consumer with whom I work.

It is hoped that rehabilitation service providers will take a critical look at their attitudes,

skills, and interests in the area of counseling and/or guidance. It is these counseling and/or guidance attributes that will facilitate the individual rehabilitation program for consumers.

Definitions

In this publication, "counseling" is the process whereby two individuals (i.e., the consumer and the counselor) collaborate to identify, prepare for, and achieve meaningful vocational outcomes for the consumer. It is a process that may entail extensive discussion, planning, exploration, and clarification of values, needs, desires, and realities facing both partners in the rehabilitation relationship.

"Guidance" services are uniquely individualized within the rehabilitation relationship and primarily involve providing information. It is advice driven. However, counseling services may also be needed to integrate or reject the information or advice provided.

Fundamental to all discussion of counseling services and guidance services is the clear understanding that in the rehabilitation process a partnership is formed between the consumer and counselor. This partnership has as its foundation a consumer empowerment strategy. The counselor must shift roles within the relationship to best facilitate empowerment of the consumer. Guidance skills, as well as counseling skills, are critical to the process if the outcome is to have a reasonable chance for success.

Consumers want and have a right to make the choices that will have a profound impact on the direction of their life. This is especially true when talking about career and vocational choices. The rehabilitation professional's role in the process is providing the structure for the individual to make those choices. This structure is the guidance process referred to later in this book. Counseling, as differentiated from guidance, is the process that may be needed when clarification of values and other issues become a part of the decision-making process for the consumer.

In any case, it must be clear from the outset that the empowerment of the consumer should take place within the framework of this partnership. Guidance services and counseling are provided with the primary purpose of empowering the consumer to make the most appropriate choices offering the greatest chance of vocational success.

The Vocational Rehabilitation Counselor

The vocational rehabilitation counselor is the central service provider for eligible consumers associated with the public vocational rehabilitation program. Many consumers have reported that no service is more important, enduring or valued than effective counseling and guidance. A former Rehabilitation Services Administration Commissioner, Nell C. Carney (1992), indicated the following when writing about guidance and counseling:

> Another real strength of rehabilitation practice is the interpersonal relationship between the rehabilitation counselor and the person with a disability. It is not surprising to hear some former rehabilitation clients, now successful professionals say they could have made it without everything rehabilitation provided except the

"coaching" from the rehabilitation counselor. This interaction between counselor and client occurs at the time the person with a disability is learning to physically and psychologically adjust to the presence of a disability and learning to cope with society's attitudes about disability. The counselor has the potential to offer the support and guidance necessary to build the self-esteem of the individual and give the sense of self-worth so essential to successful rehabilitation. The rehabilitation counselor acting as a listener, information provider, supporter, and friend can—and often does—contribute to the empowerment of the person with a disability. (p. 9)

Despite these supportive statements, of all services provided by an agency, the provision of counseling and/or guidance is frequently under-reported, poorly documented, and at times not valued by practitioners of all services provided by an agency. One might hypothesize several reasons for this:

1. There is a struggle for a clear definition of counseling and guidance as differentiated from interviewing or conversation. This is evident by how these two clearly distinct activities are combined in Status 14 as if they were one service.

2. Counseling and/or guidance cannot be documented as tangible services with clear outcomes such as purchasing equipment or materials.

3. It is difficult to document, as well as structure, outcome measures and time frames for guidance or counseling services.

4. Many service providers report they are not adequately trained to provide counseling and/or guidance, nor do they trust themselves to provide these services. Service providers also report little administrative support for counseling and/or guidance as distinct services.

5. The role and function of the rehabilitation counselor are often confusing since many disparate duties are also involved.

6. Lack of administrative support or reward make counseling and/or guidance appear to be a luxury in the face of large caseloads.

The topic of vocational rehabilitation counseling and guidance is a timely issue for review by the Institute on Rehabilitation Issues (IRI). Several factors have combined to heighten the awareness of a need to strengthen guidance and counseling services. Among these factors are (a) the interest of the rehabilitation agencies and service providers in offering a comprehensive array of quality services, (b) "consumer" concern to be involved with choices, and (c) changes in supporting federal legislation and subsequent regulation.

Counseling and Guidance: Historical Perspective

A review of the vocational rehabilitation legislation with a slant toward the provision of

counseling and/or guidance will help the reader understand the historical trends. Legislation is not developed and written in isolation in Washington D.C.; instead, it reflects the interests and needs of those whom it impacts. This statement helps us understand the growth and development of the movement toward comprehensive services and consumer involvement in service delivery. It ultimately led to the development of consumer and counselor partnerships in rehabilitation.

The Smith-Fess Act of 1920 is considered the beginning of the public rehabilitation program for persons with physical disabilities. Funds were provided for *vocational guidance,* training, occupational adjustment, prosthetics and placement services. It was not by accident that Congress in the early legislation identified vocational guidance as a key service provided to persons with disabilities.

The Randolph-Sheppard Act of 1936 provided the opportunity for persons who were blind to be licensed to operate vending stands in federal buildings. This Act also provided for *training, counseling, and guidance* in the preparation of vending stand operators.

The Vocational Rehabilitation Amendments of 1943 expanded services to include physical restoration and also required states to submit a written state plan to the federal government. In addition, provisions were expanded to include service to persons who were mentally handicapped and mentally ill. *Guidance and counseling* represented key services, particularly to those clients with long-term mental illness.

The Vocational Rehabilitation Act Amendments of 1954 made major changes to the rehabilitation legislation as related to financing provisions. Funding to state vocational rehabilitation agencies was determined by a formula that considered the state population and per capita income. Extension and improvement project grants were added as were research and demonstration grants. Of particular importance to this topic of guidance and counseling was the *provision for training grants*; this included long-term, short-term, and in-service training of vocational rehabilitation agency staff.

The Vocational Rehabilitation Act Amendments of 1965 expanded services to reach a broader population (for example, alcoholics and/or those with socially handicapping conditions). Economic need was eliminated. It is of interest to note that the vocational rehabilitation counselor could provide *counseling and guidance* without determining economic need, while they could require economic need tests for a number of other services.

The Rehabilitation Act of 1973 changed the name of the legislation from the Vocational Rehabilitation Act to the Rehabilitation Act. A priority to serve the "severely handicapped" by the state/federal program was mandated. In addition, affirmative action programs were established in Title V, Sections 501, 502, 503, and 504. The establishment of the Individual Written Rehabilitation Program (IWRP) was a major step forward to ensure the *enhanced involvement of the consumer* in the development of the rehabilitation plan of action.

The Rehabilitation Act Amendments of 1978 responded to consumer concerns for added involvement, by the establishment of Independent Living Centers. A focus on *peer counseling and guidance* emerged.

The Rehabilitation Act Amendments of 1986 enhanced support for rehabilitation engineering, with clear definitions for rehabilitation engineering services. In addition, support for special projects and demonstrations in supported employment were established.

The 1992 Amendments to the Rehabilitation Act clearly outline the intent of Congress to ensure consumer choice in career opportunities with competitive employment being the desired outcome.

Status 14

There is a need to clarify and better understand just what constitutes career guidance and career counseling, how they are similar, and where they differ. The Rehabilitation Services Administration (1988) defines Status 14 as follows:

> This status is used for those individuals having an approved program which outlines counseling, guidance, and placement as the only services required to prepare the client for employment. (p. 88)

Status 14 also requires that a consumer and counselor develop a specific vocational goal with a 6-digit Dictionary of Occupational Titles (DOT) code prior to writing an Individualized Written Rehabilitation Program (IWRP). It is most appropriate that vocational guidance and/or vocational counseling occur in Status 14. These services will aid the consumer in the development of an individualized vocational goal—a goal that accounts for the local economy, consumer skills and interest, necessary physical accommodations, and other factors leading to acquiring an appropriate job.

Rehabilitation Counselor Role and Function

A great deal of research and professional writing have discussed the mission, role, and function of the rehabilitation counselor. In fact, few public human service programs are as heavily scrutinized as is the vocational rehabilitation program and its service providers. Professional research inquiries, annual reports to governors and presidents, and the watchful eye of the United States Congress have supplied data to point out not only the need for but also the many successes of the vocational rehabilitation program. While the case for counseling and/or guidance as a most valuable service is made, the facts clearly show limited time is spent by the vocational rehabilitation counselor actually doing counseling and/or guidance. For example, Roessler and Rubin (1992) relate two studies which indicated 27.4 percent (1977) and 20.65 percent (1979) of the vocational rehabilitation counselor's time was spent providing counseling and guidance as a work activity. Significantly more time, 29.4 percent and 38.26 percent respectively, was spent recording, report writing, and doing clerical work.

In job skills/task inventories, Emener and Rubin (1980), Rubin and Roessler (1987), and Wright (1980) found that rehabilitation counselors felt it was very important to provide consumers with quality affective counseling, vocational counseling, assessment, case management, and job placement services.

Roessler and Rubin (1992) described vocational assessment and counseling job tasks as

follows:

> Vocational counseling tasks are directed at facilitating the individual's vocational choice. During vocational counseling, occupational information and client assessment results are frequently introduced and the relationship of client strengths and limitations to the demands of work in general or specific jobs is discussed. During this process, the rehabilitation plan is also developed with the client. (pp. 7, 10)

In describing affective counseling job tasks Roessler and Rubin (1992) note that:

> Affective counseling is directed at helping people with disabilities deal with their feelings toward their disabilities and their concerns about participating in a rehabilitation program. Therefore, counselors help individuals explore, understand, and deal with the handicapped implications of their disabilities. Emphasis is placed on facilitating personal awareness of what cannot be changed, as well as what can be changed and how. (p. 10)

The role and function of the vocational rehabilitation counselor, as reported by the counselor is clear. It is also clear that counseling carries a number of different meanings, such as vocational guidance, vocational counseling, personal counseling, psychological counseling, and family counseling. Could it be that "we" are unclear as to what is wanted or expected from the counselor? By "we" is meant the vocational rehabilitation administrators, supervisors, consumers, legislators, educators and trainers, and the counselor him/herself.

Working Together

All participants in the domain of vocational rehabilitation have a stake in the outcome and in the task of resolving this problem. Rehabilitation administrators, supervisors, counselors, and educators all have a part to play in ensuring the potential for service that is available for consumers is used to maximum efficiency and effectiveness.

Administrators of rehabilitation organizations direct the resources and the technology of the organization. As a general statement, it may be said that administrators have not clearly defined the role of counseling and guidance in vocational rehabilitation. They need to clearly and explicitly define in functional terms the value of guidance and counseling in state operational manuals. Manuals should clearly define what is meant by counseling and guidance. State policy manuals devote space to the service, but they do not indicate the exact functioning and expected behaviors for counselors. At what point do counselors purchase this service or seek services from other community agencies?

Counseling is a skill, not an art form, and specific techniques and methods can be defined, described, and measured. Administrators need to determine what the performance of counseling and guidance should look like in day-to-day practice. Then the administrators should assure that all counselors acquire the skills necessary to deliver counseling and guidance services.

Rehabilitation educators have a critical role to play along with administrators in helping vocational rehabilitation counselors provide quality counseling and guidance services. Universities should be places for discovery, explanation, and development of ideas. The academic pursuit of what constitutes counseling is an intellectual challenge for academicians and may lead to new models of counseling. There should also be recognition of the basic skills required by vocational rehabilitation counselors as revealed through an in-depth examination of the day-to-day job requirements.

Less effort is needed on discussing what constitutes qualified rehabilitation counselors and more effort is needed on analyzing the daily tasks of successful rehabilitation counselors. Such efforts could result in designing methods of instruction that would benefit the Master of Science level rehabilitation counselor. However, such training would also benefit the large number of individuals employed as rehabilitation counselors who do not have an educational background in rehabilitation or social services. The responsibility of rehabilitation educators is, therefore, to assist administrators in analyzing the functions of rehabilitation counselors. They would define the exact tasks performed, break those tasks down into component parts, and identify the outcomes to be achieved. Then the educators can use this information to develop education and training programs that result in rehabilitation counselors who are capable of using a specific set of skills required by state vocational rehabilitation agencies.

Rehabilitation counselors working in the field also have responsibility in the effort to improve this important element of rehabilitation service delivery. They need to assist administrators and educators in the process of analyzing the work they do. More importantly, though, they need to look closely at their own commitment to develop and enhance their skills in providing counseling and guidance. As professionals, rehabilitation counselors need to attend to improving their skills.

The most basic component of counseling and guidance is awareness of the dynamics of interpersonal relationships. This awareness, coupled with knowledge derived from understanding human communication and interaction, is the essence of the technology of counseling. Rehabilitation counselors, regardless of their educational background or experience, should consider their counseling and guidance skills. They should look for ways to improve their proficiencies in interpersonal communication and to develop their ability to understand the dynamics of human interaction and behavior.

Chapter II

OUR PROFESSIONAL IDENTITY

The Rehabilitation Act of 1973 as Amended by The Rehabilitation Act Amendments of 1993 (Rehabilitation Services Administration, 1993) in part states that:

> (3) It is the policy of the United States that such a program [vocational rehabilitation services] shall be carried out in a manner consistent with the following principles:
>
> > (E) Qualified vocational rehabilitation counselors, other qualified rehabilitation personnel, and other qualified personnel facilitate the accomplishment of the employment goals and objectives of an individual.....(p. 24)
>
> (7) (A) include a description (consistent with the purpose of this Act) of a comprehensive system of personnel development, which shall include -
>
> > (B) set forth policies and procedures relating to the establishment and maintenance of standards to ensure that personnel, including professionals and paraprofessionals, needed within the State agency to carry out this part are appropriately and adequately prepared and trained, including -
> >
> > (i) the establishment and maintenance of standards that are consistent with any national or State approved or recognized certification, licensing, registration, or other comparable requirements that apply...(p. 29).

Almost from the start, there has been a basic disagreement over whether the vocational rehabilitation counselor in the state-federal system was a counselor or a case coordinator/ manager who did some counseling. Rubin and Roessler (1987) discuss this argument in detail and declare it moot. They suggest that whatever vocational rehabilitation counselors are called, the role is a multifaceted one. They must have counseling skills, coordinating skills, and case management skills, as well as a variety of other skills. Rubin and Roessler's point notwithstanding, the vocational rehabilitation counselor is just that—a counselor first. Thus the deliberation on "our professional identity" is grounded in counseling.

> 045.107-042 **VOCATIONAL REHABILITATION COUNSELOR (government ser.) alternate titles: counselor, vocational rehabilitation**
>
> Counsels handicapped [sic] individuals to provide vocational rehabilitation services: Interviews and evaluates handicapped [sic] applicants, and confers with medical and professional personnel to determine type and degree of handicap, eligibility for service, and feasibility of vocational rehabilitation. Accepts or

> recommends acceptance of suitable candidates. Determines suitable job or business consistent with applicant's desires, aptitudes, and physical, mental, and emotional limitations. Plans and arranges for applicant to study or train for job. Assists applicant with personal adjustment throughout rehabilitation program. Aids applicant in obtaining medical and social services during training. Promotes and develops job openings and places qualified applicant in employment. May specialize in type of disability, such as mental illness, alcohol abuse, hearing and visual impairment, or readjustment after prison release. (U.S. Department of Labor, 1991, p. 52)

This definition from the 1991 Dictionary of Occupational Titles, however accurate, merely lists some of the duties of vocational rehabilitation counselors. It barely suggests the richness and complexity of the job. This can only be shown in an examination of the professional identity of vocational rehabilitation counselors.

Many people from highly disparate fields call themselves counselors. Psychological counselors, marriage counselors, financial counselors, leisure counselors, and guidance counselors are but a few. There are many areas that could be used to examine the professional identity of the vocational rehabilitation counselor. What makes the vocational rehabilitation counselor similar to and dissimilar from other counselors? Some would list a number of traits that counselors seem to share (Berenson & Carkhuff, 1967), while others would define the identity by its roles and functions (Rubin & Roessler, 1987). This discussion will use the following areas to comprise professional identity:

1. Assumptions
2. Population issues
3. Goals
4. Counseling skills
5. Ecology of counseling

In total, these areas pertain to the vocational rehabilitation counselor in both guidance services and counseling functions.

ASSUMPTIONS

All counseling theories are based on a set of assumptions. These assumptions concern how the practitioner views human nature, the development of normal and abnormal behavior, and the dynamics of behavior change (Thomas, Thoreson, Butler, & Parker, 1992). For example, a basic assumption of Rogerian and other humanistic theories is the human proclivity toward self-actualization, while behavioral approaches hold that persons have equal potentials for good and evil (Thomas et al., 1992). These assumptions form the basis for diagnosis and

intervention.

While vocational rehabilitation counseling is not a theory, there are a number of assumptions that form the basis for what vocational rehabilitation counselors do. The following is a selection of some of the more important values and beliefs that form a set of assumptions in vocational rehabilitation:

1. Disability is a natural part of the human condition.

2. Persons with disabilities should enjoy their civil rights.

3. Persons with disabilities have a right to self-determination and a partnership in the rehabilitation process.

4. Persons with disabilities should be viewed holistically.

5. Vocational rehabilitation counselors are bound by a code of ethical behavior.

Disability is a Natural Part of the Human Condition

Section 2 of the 1992 Amendments of the Vocational Rehabilitation Act begins:

Congress finds that—

(1) millions of Americans have one or more physical or mental disabilities and the number of Americans with such disabilities is increasing;

(2) individuals with disabilities constitute one of the most disadvantaged groups in society;

(3) disability is a natural part of human experience and in no way diminishes the right of individuals to—

(A) live independently;
(B) enjoy self-determination;
(C) make choices;
(D) contribute to society;
(E) pursue meaningful careers; and
(F) enjoy full inclusion and integration in the economic, political, social, cultural, and educational mainstream of American society. (Rehabilitation Services Administration, 1993, p. 1)

It is too easy to view people with disabilities as, somehow, "outside" of the mainstream of human existence, that because of their disabilities they are out of the norm. Thus, the finding in the Amendments that disability is a natural part of the human experience is as uplifting and hopeful as it is true.

However, a broader and more significant argument is suggested in the writings of proponents of "systems" or "ecological" models of rehabilitation (e.g., Cottone, 1987; Kosciulek, 1993; Parker, Szymanski, & Hanley-Maxwell, 1989). In contrast to the "medical" or "psychomedical" model, which suggests that the problems are located in the individual (Cottone & Emener, 1990), and "independent living" model, which suggest that the problem is in the environment (Nosek, 1992), ecological models propose that the locus of problems is in person-environment interactions (P X E). For example, the ability to see in any situation is a function of both the physiology of the eye and the amount of light present. Ecological models suggest that persons and environments interact and that both are changed by the interaction (Parker et al., 1989). If people lived in total darkness, blindness as a disability would not exist. People would learn ways to navigate and manipulate the environment that did not require vision. While it would be difficult to suggest that severe chronic pain is any less disabling in different environments, "there is . . . considerable evidence to indicate that pain behaviors which begin as a response to a body damage stimulus often persist because of the influence of environmental consequences" (Fordyce, 1981, p. 221). Thus, it is the interactions between characteristics—physical, physiological, mental, and cognitive—and the environments in which individuals must function that are disabling, and everyone feels their effects at some stage in their lives.

Civil Rights of Persons With Disabilities

Since 1959, a rehabilitation philosophy has been expressed and used to form a foundation for the practice of rehabilitation. The foremost tenet in this philosophy is that "Every human being has an inalienable value and is worthy of respect in her or his own sake" (Jenkins, Patterson, & Szymanski, 1992), including persons with disabilities. Their membership in society should not be questioned; as members of society, they should have the same rights and opportunities as other members. They should be free of exclusion from any part of society.

Until 1990, irrespective of their value as human beings, persons with disabilities in the United States were not guaranteed the same civil rights as granted other citizens. The right to protection from discrimination in employment, while partially implemented in the 1973 Vocational Rehabilitation Act (PL 93-112), was limited in its scope and enforcement. Discrimination in housing was addressed in the Fair Housing Amendments (PL 100-430). The right to protection against exclusion from education has yet to be fully achieved (Lipsky & Gartner, 1989), although it has been addressed in the 1975 Education for All Handicapped Children Act, renamed the Individuals with Disabilities Education Act in 1990 (Jenkins et al., 1992). *De facto* denial of access to transportation, public accommodations, public services, and telecommunications existed for persons with disabilities because of physical obstacles and barriers to their use. Thus, though they may have been regarded as having minority status (Hahn, 1985), persons with disabilities never fully enjoyed the same protections as other minorities or their rights as citizens.

In 1990, the Americans with Disabilities Act (ADA)—said to be the "Emancipation Proclamation for Persons with Disabilities" (Riggar, Maki, & Flowers, 1991)—was signed and subsequently enacted. This act, along with the Civil Rights Act of 1991, promises to put an end to the discrimination and lack of protection previously encountered by persons with disabilities. The act specifically addresses: discrimination in employment, far beyond the scope of Sections 501, 503, and 504 of the Vocational Rehabilitation Act of 1973; inaccessibility of

public service transportation and privately-owned public accommodations; and telecommunication. (The Civil Rights Act addresses the right among persons with disabilities to seek punitive and compensatory damages for employment discrimination.) It is still too early to predict how successful implementing ADA will be and if it will "live up to its promise." While some research suggests that employers will cooperate with the Act (e.g., Blanck, 1992; Satcher & Hendren, 1992), the most current research (Moore, 1993) suggests that employers may not willingly comply with provisions of Title 1 of the Act.

Civil Rights and Vocational Rehabilitation Counselors

The professional identities of vocational rehabilitation counselors appear tied to the status of civil rights for persons with disabilities. In the past, when there was no protection from discrimination, counselors frequently encountered consumers who were disheartened in job searches, living choices, and access to opportunities in the community. Consumers were encountered who tended to lower their expectations and hopes when examining possible careers. Counselors had to provide support and encouragement throughout all of this, knowing full well that consumers may have had reason to lose hope. With the passage of ADA, if it is successfully integrated into public policy and practice, one would expect a change in the professional roles of vocational rehabilitation counselors (Carney, 1991). They will have to adjust their case practices and approaches, and, indeed, *their* expectations and hopes about what is possible.

Self-determination and Partnership

Wright (1980) explains:

> All people have a right to self-determination insofar as they are capable of responsible judgments; people should make their own decisions, set their own goals, and decide how they should achieve those goals. This does not mean that the rehabilitationist must assume a passive role or be totally nondirective. Active intervention by the rehabilitation counselor helps the client make decisions by providing needed information, by fostering the development of self-confidence, and by facilitating problem-solving. (p. 11)

This paragraph, echoed in the findings of the 1992 Amendments, illustrates a "line" vocational rehabilitation counselors must walk in providing rehabilitation services, taking care not to drift off that line on either side. On the one side of the line is "Active Consumer/Passive Counselor." While granting consumers their due right to self-determination, this extreme denies them the knowledge and skills vocational rehabilitation counselors possess that make consumer self-determination effective. On the other side is "Active Counselor/Passive Consumer." Wright's (1980) exhortation about rehabilitationists not taking a passive role should not encourage counselors to go to this extreme. Cottone and Emener (1990) suggest tenets of the traditional or "psychomedical" model of vocational rehabilitation. Among these are

1. Fault for problems is viewed as being within the individual with disability, so "treatment" addresses the individual and not the context of the problem (e.g., the environment, significant relationships).

2. Vocational rehabilitation professionals take an expert role in diagnosing and treating these individual conditions.

3. Counseling primarily takes the form of medical management, adjustment-to-disability counseling, and vocational counseling related to diagnosed occupational functional limitations. "Limitations are viewed as 'associated with' or 'intrinsic to' disabilities, rather than in the relationships between clients and other persons or their environments." (p. 98)

These tenets would seem antithetical to the right to self-determination and a notion of partnership. As long as the vocational rehabilitation counselor is the expert diagnostician, and the consumer is the person with the problem, the consumer can never assume the full partnership. Thus, the vocational rehabilitation counselor must find an identity short of "expert" while still realizing her or his skills and knowledge.

The central focus of the rehabilitation process is the consumer-counselor partnership. It is only through this relationship that the full participation called for in the 1973 Rehabilitation Act and the 1992 Amendments can be realized. The process is successful if the counselor and consumer have established a trusting relationship—a relationship in which *both* feel comfortable with frank communication, shared insight, and joint experimentation. It is unlikely that optimal goals will be realized if the relationship is subverted such that either the consumer or the counselor is not an equal partner.

The Fifteenth Institute on Rehabilitation Issues (1988) presents an excellent discussion on establishing and co-managing the consumer-counselor partnership.

Holistic Nature of Rehabilitation

The suggestion that the rehabilitation counselor should work with the "whole" or entire person seems to date back to 1961. Goodwin (1986) cites a 1961 article by Talbot who "encouraged rehabilitation workers to 'treat man and not disease [and]. . . treat the whole man'" (p. 30). The whole person is viewed in many spheres—the physical, emotional, cognitive, spiritual, vocational, cultural, and environmental, for example—each of which has many parts. Counselors must take care to treat persons rather than disabling conditions, and they must be cognizant that any particular consumer might present multiple needs in a number of different spheres. Thus a man with a low back injury (physical) and resulting chronic pain (physical/behavioral) may not return to his old job and thus must find a new job or possibly a new career (vocational), while adjusting to a new identity which includes disability (emotional), but at the same time benefiting from secondary gain provided by Worker's Compensation or Social Security and secondary emotional gain provided by significant others who "enable" him to remain in the "sick role" (environmental). A woman recovering from a cerebral vascular accident is likely to have a number of physical and cognitive impairments. Each will require multiple services (e.g., occupational therapy, speech therapy, cognitive therapy). In the long and arduous recovery process, she may lose her will to go on (spiritual) and seek comfort by abusing alcohol and other substances (physical/behavioral/emotional). Further, the "severity" of disability in both of these instances is probably affected by other factors in the environment such as culture and the availability of resources.

Awareness of possible multiple needs across spheres does not imply that the counselor must provide or arrange for services for all of them. Some of them may not be significant in the rehabilitation process. The consumer may not want some services. Further, budgetary and case load constraints may make it likely that only the most significant needs are addressed. However, Goodwin (1986) suggests that

> It is helpful to have an ideal goal for the provision of rehabilitation services knowing that it will seldom, if ever, be completely reached. . . .[R]ehabilitation counselors will seldom be able to completely actualize a holistic rehabilitation assessment or plan. It is always a process. However, it is important to *strive toward* providing the most comprehensive rehabilitation services that it is within our potential to offer. (p. 34)

Ethical Codes

One of the critical elements of a profession is the existence of a code of ethics (Brubaker, 1977). Codes of ethics provide rules to govern and guidelines to shape the professional behavior of members of a profession. Rehabilitation counselors have their own code of ethics. This code, while not incorporated as policy by state vocational rehabilitation agencies, has been adopted by the Commission on Rehabilitation Counselor Certification (CRCC), the National Rehabilitation Counseling Association (NRCA), and the American Rehabilitation Counseling Association (ARCA), along with other groups (Tarvydas & Pape, 1988). The code is comprised of 10 canons and 72 rules for professional behavior, covering such areas as moral and legal standards, counselor-consumer relationships, consumer advocacy, and professional relationships.

Rubin, Millard, Wong, and Wilson (1991) suggest that the rehabilitation counselor code of ethics rests in five ethical principles, which form a basis for personal and organizational values, provide general directions and guidance for counselor action, and influence case management practice. These five principles are:

Beneficence:	Acting in a manner that promotes the well-being and growth of consumers
Autonomy:	Respecting the consumer's freedom of choice
Nonmaleficence:	Acting in a way that does no harm or prevents harm to consumers
Justice:	Treating consumers fairly
Fidelity:	Keeping stated and implied commitments to consumers, professional colleagues, and organizations

Thus, both case practices and the code of ethics are grounded in these five principles. For example, Rule 2.2 admonishes rehabilitation counselors not to misrepresent their roles or competence to consumers. This is grounded in the nonmaleficence principle. Related case practices would be truthfully discussing the limits of counseling during initial interviews and

avoiding to personally attempt interventions that are beyond the counselor's expertise.

A significant point concerning ethical principles and their relationship to professional identity is that there are numerous times when a counselor may follow more than one course of action. Frequently, the counselor and consumer must decide among case actions that uphold some ethical principles while violating others. This is referred to as an ethical dilemma (Rubin et al., 1991). Rubin et al. provide the example of a consumer whose every attempt at making a decision regarding returning to work results in confusion and anxiety. The consumer wishes to rely on the counselor's opinion in making a decision. The counselor must decide whether to give that opinion. Giving the opinion, knowing that it will greatly influence the consumer's choice, may violate the principle of autonomy, while not giving it may violate beneficence or nonmaleficence. The existence of ethical dilemmas makes the counselor identity a frequently troubled one.

POPULATION ISSUES

Counselors are defined in their relationships with the persons they serve. Without persons with disabilities, there would be no counselor. Thus a discussion of the professional identity of vocational rehabilitation counselors in the state-federal system is incomplete without mentioning their target population—those persons whose employment or other major life activities are impeded by disabilities. Professional identity, in part, consists of knowledge about the people that counselors serve in fulfilling their roles and functions. This would include typical obstacles and problems encountered by the consumer, strategies for overcoming them, appropriate terminology, and legal or ethical issues presented by working in the consumer-counselor relationship.

Beardsley and Rubin (1988) identified generic knowledge areas for rehabilitation service providers. Among them are the following 17 related to disability and rehabilitation:

1. Medical and psychosocial services that can enhance consumers' vocational opportunities
2. Medical terminology
3. Factors affecting consumers' psychological readiness for rehabilitation services
4. Functional, medical, psychological, and vocational implications of disabilities
5. Financial incentives and disincentives to rehabilitation
6. Purposes and effects of commonly used drugs and medications
7. Effects of socioeconomic factors on rehabilitation

8. Attitudinal barriers to employment of persons with disabilities

9. Rationales for rehabilitation

10. Major purpose of program evaluation

11. Legal issues of confidentiality, informed consent, and contractual agreements

12. Recent advances in rehabilitation technology and aids

13. Concept of advocacy

14. Concept of substantial gainful activity

15. Concept of privileged communication

16. Strategies for reducing prejudice, bias, and discrimination

17. Rights of consumers in the rehabilitation process

A more current list might include cultural and ethnic effects on the rehabilitation process and person-environment interactions, systems, or ecological perspectives in rehabilitation.

GOALS

All counselor-consumer relationships are goal-oriented; they exist to fulfill some desired end-state. For financial counselors, goals might include "being debt-free" and "comfort during retirement." Humanistic therapeutic counselors and their consumers work toward "self-actualization." Vocational rehabilitation counselors in the state-federal system and their consumers primarily strive for competitive employment, although other goals are not precluded.

Competitive Employment

Title I of the 1992 Amendments is unequivocal about the nature and intentions of vocational rehabilitation services in the state-federal system. In numerous places, the language of the amendments makes it clear that vocational outcomes are the primary focus of vocational rehabilitation services. For example, in Section 7, vocational outcomes are identified in the definition of individuals with disability. Further, Section 100 states "the provision of vocational rehabilitation services can enable individuals with disabilities . . . to pursue meaningful careers by securing gainful employment commensurate with their abilities and capabilities" (Rehabilitation Services Administration, 1993, p. 23).

For a number of years, a criticism of the state-federal system has focussed on the quality of vocational outcomes (Murphy, 1988): that vocational rehabilitation counselors "steer" consumers into dead-end jobs in the secondary labor market just to get placements or that

consumers themselves feel it necessary to settle for these jobs. (Note: The secondary labor market is characterized by short-term, low-paying jobs with no fringe benefits and no career ladder. The primary labor market is more desirable—long-term, higher paying jobs with fringe benefits, and training and advancement opportunities [Vandergoot, Jacobsen, & Worrall, 1979].) The 1992 Amendments use the term "careers" in describing vocational outcomes. Roessler and Farley (1993) have developed career counseling strategies responsive to the desires of people with disabilities, and other strategies are discussed elsewhere in this document. By focussing on careers, which are defined as "the totality of work one does in his/her lifetime" (Sears, 1982, p. 139), instead of "jobs" and the quick placement, a vocational rehabilitation counselor may avoid that criticism. Presumably, one should see the link between the specific placement and the career plans of the consumer. Career plans could be incorporated into, and monitored with, the Individualized Written Rehabilitation Program.

Other Goals

That the primary focus of vocational rehabilitation services is vocational does not preclude striving for other goals. These may include independence and quality of life.

1. **Independence/Independent Living**. Frieden, Richards, Cole, and Bailey (cited in Nosek, 1992) define independent living as "control over one's life based on the choice of acceptable options that minimize reliance on others in making decisions and in performing everyday activities" (p. 103). These activities include managing daily affairs, fully participating in the community, and making decisions leading to self-determination and the minimization of nonproductive dependence on others (Nosek, 1992). Independence does not imply doing everything for oneself. Humans naturally coexist interdependently; that is, we have arrangements—formal and informal, tacit and spoken—to perform some activities and to allow others to perform activities for us. Rather, independence implies the elements of choice and self-determination and of control over the decisions made about our lives.

Although it is covered by a different title in the 1992 Amendments, independent living need not be viewed as an alternative to the vocational outcome. Vocational outcomes may be viewed as an integral part of the goal of independent living (Nosek, 1992), rather than viewing both as mutually exclusive and antagonistic in vocational rehabilitation services.

2. **Quality of Life**. Roessler (1990) presents a detailed review of what has been termed "Quality of Life" (QOL) and what has been suggested as the ultimate goal for rehabilitation services (Livneh, 1988). Implying "high" quality of life, QOL suggests notions of one's satisfaction with life, and with specific life domains such as work, health, and relationships with others. It further suggests having an optimal level of opportunities and resources (Roessler, 1990). While QOL is sometimes termed in such subjective terms as "well-being" and "happiness," Livneh (1988) suggests that it is specified in one's achievement of specific behavioral objectives in two domains: community membership and labor force membership. Livneh (1988) and Roessler (1990) argue that QOL subsumes both vocational outcomes and independent living

outcomes. Roessler suggests that QOL also provides a "concrete means for incorporating information on an individual's affective state in the rehabilitation process" (p. 87). Further, QOL may help to address currently important issues of "quality versus quantity" rehabilitation outcomes and consumer satisfaction.

COUNSELING SKILLS

Almost by definition, rehabilitation counselors must have counseling skills and knowledge. This makes rehabilitation counselors similar to other counselors. But it is in how they practice those skills, and how much, that makes all counselors unique. Counseling is not a science, and there are no easy formulas for facilitating the rehabilitation process. Each counselor will bring a unique blend of knowledge and skills. While some counselors are better at what they do than others, good counselors will have at least as many dissimilarities among themselves as similarities. Thus, it is difficult to identify all the knowledge and skills needed by counselors.

However, certain skills are regarded, by convention, as important to the counseling process. There is also a considerable body of research that supports their importance. These include the following:

1. *Interviewing skills* which include questioning and probing, empathic listening and reflection, clarification and synthesis, interpreting nonverbals, and information giving.

2. *Intervention techniques* often grounded in some counseling theory, which include problem-solving, decision-making, crisis intervention, behavioral management, and values clarification.

3. *Educative techniques* whereby the counselor serves as trainer, coach, or mentor.

4. *Case skills* such as building rapport, providing support, confrontation, engagement-disengagement (termination), and determination of what level of counseling to provide, using such data as case load size, availability of resources, counselor expertise, and consumer receptivity.

5. Increasingly, *empowerment* (Emener, 1991), especially given both rehabilitation counselors' mandates by the 1973 Act and 1992 amendments for consumer involvement, and their "partnership" beliefs and values.

ECOLOGY OF COUNSELING

Recently, researchers have been suggesting that rehabilitationists should take an

ecological or systemic view in service provision (Cottone, 1987; Parker et al., 1989; Kosciulek, 1993). Coincidentally, the Fifteenth Institute on Rehabilitation Issues (1988) also pointed out the importance of an ecological view in its discussion of the consumer-counselor partnership.

The primary tenets of the ecological model are

1. Each individual is a part of many different, but interrelated, ecosystems.

2. Environmental factors influence individual behavior.

3. Individual characteristics influence environmental factors. (Kosciulek, 1993, p. 13)

For this discussion, "ecosystems" include families, communities, cohort groups, government systems, markets, and so on, of which an individual may be a member.

Figure II-1 illustrates the circular nature of the cause-and-effect relationships between persons and their environments (P X E interactions). If one "begins" with the condition or characteristic of the person, the schematic can be read as: A person's characteristics will lead him or her to act in certain ways toward the environment. These actions become stimuli (conditions) for environmental action or behavior, which further stimulates action/reaction in the person, and so on.

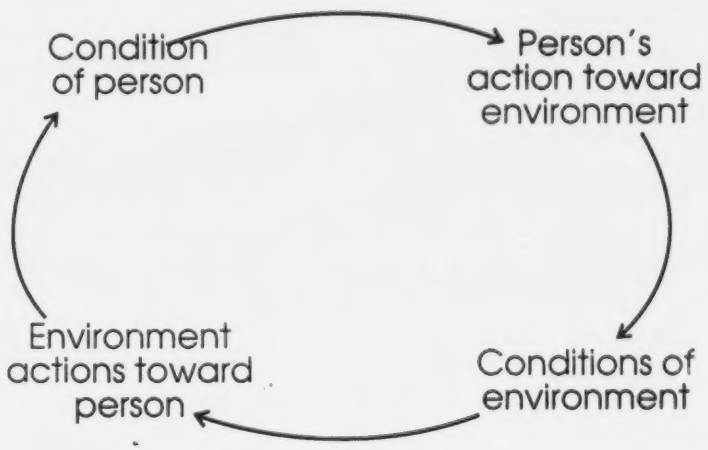

Figure II-1
A PERSON X ENVIRONMENT INTERACTION (P X E)

The following "ecosystems" can affect vocational rehabilitation counselors directly or in their relationships with their consumers and will demonstrate the circular nature of cause.

Local Community

Research suggests that the employment of persons with disabilities is influenced largely by economic and social trends (Howards, Brehm, & Nagi, cited in Hahn, 1985). Thus, the success of the rehabilitation process and of the two partners in it—the consumer and the vocational rehabilitation counselor—is dependent to some extent on the conditions of the local labor market and community attitudes toward persons with disabilities, especially employer attitudes. When the labor market is such that there are more open positions than there are applicants, it is easier for persons with disabilities to find jobs than when the market is tight. Employer attitudes may have their greatest effect during "in-between" times, when the market is neither so tight that no one finds jobs nor so loose that everyone finds jobs. Satcher and Hendren (1992) found that business students had positive attitudes toward persons with disabilities and toward the Americans with Disabilities Act, while employers in Mississippi agreed with the intent of ADA (Satcher & Hendren, 1992). However, Moore (1993) followed a comprehensive content analysis of business literature with a survey of employers (as well as practitioners and consumers) and concluded that employers' attitudes toward ADA are relatively negative and that they may not willingly comply with it. Finally, Levy, Jessop, Rimmerman, and Levy (1993) surveyed 341 Fortune 500 executives and found that they held positive attitudes toward both persons with disabilities and their employability. Levy et al. further found that "more positive attitudes [exist] when the organization had hired persons with disabilities . . . and the respondent had previous work experience with people with disabilities and positive evaluations of that experience" (p. 23). This is indicative of the circular nature of cause.

Where the community is located influences case practices for any human service practitioner. Small, rural communities are apt not to have the range of choices in community resources as do larger communities. Thus a vocational rehabilitation counselor will either need more assessment and intervention skills or choose other strategies. How many resources are available in the community may be influenced by community attitudes toward the target populations for which those services are intended. Positive community attitudes toward persons with disabilities, for example, may result in more money being put in services. This will potentially improve services and program success and increase the contribution of persons with disabilities in the companies that hired them and the community where they live, which would result in continued positive attitudes. Negative attitudes may have the opposite effects (see Figure II-2).

Government and Legislation

The government plays an important role in the "fate" of persons with disabilities. Through legislation, it attempts to promulgate policy and consequently change behavior toward persons with disabilities, according to the collective "philosophy" of the executive branch, the majority party, and the electorate. Through the budgeting process, governments fund and advance those programs and policies it favors and defund, thereby minimizing, out-of-favor programs. This could not be clearer than in examining the legislative history of the state-federal system of vocational rehabilitation services: target populations have changed and changed back, service emphases and initiatives have varied, and the roles of both consumers and service providers have evolved. In fact, vocational rehabilitation counselors in the state-federal system owe their professional identities to legislation (Hershenson, 1988). At the same time, the federal

government created and has maintained income maintenance systems, which are believed to provide disincentives for people with disabilities to seek employment (Berkowitz, 1981).

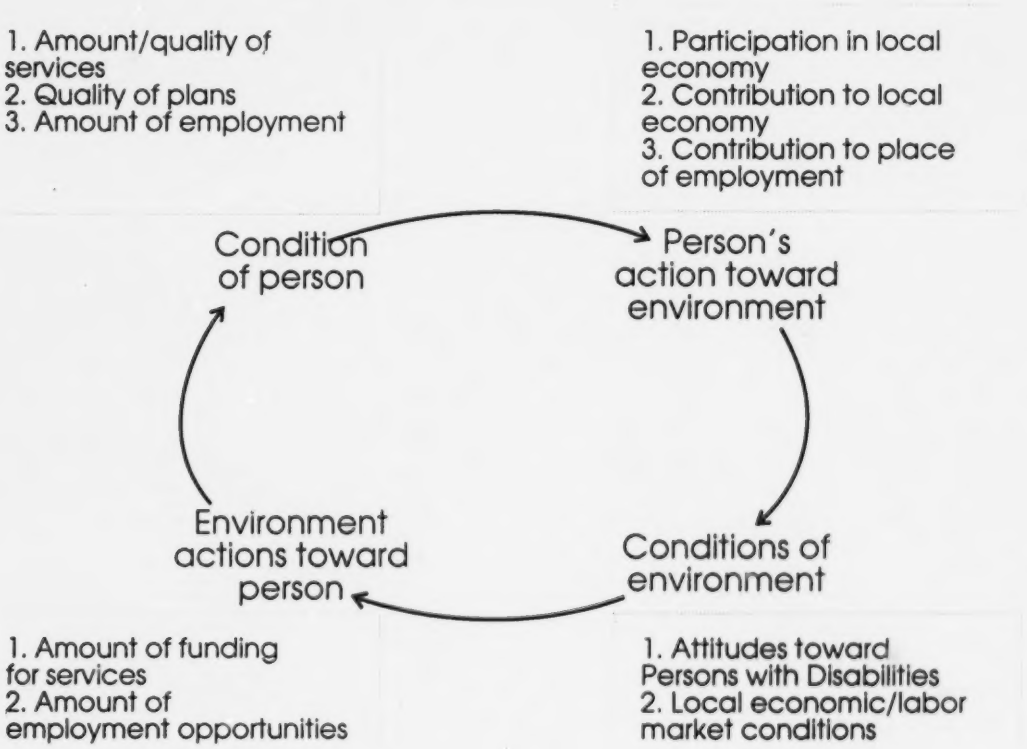
1. Amount/quality of services
2. Quality of plans
3. Amount of employment
1. Participation in local economy
2. Contribution to local economy
3. Contribution to place of employment
Condition of person
Person's action toward environment
Environment actions toward person
Conditions of environment
1. Amount of funding for services
2. Amount of employment opportunities
1. Attitudes toward Persons with Disabilities
2. Local economic/labor market conditions

Figure II-2
A PERSON X ENVIRONMENT DIAGRAM FOR COMMUNITY ATTITUDES AND PERSONS WITH DISABILITIES

The relationship between government/legislation and rehabilitationist/consumer illustrates excellently the previous discussion of circularity. Rehabilitation counselors and consumers are part of the electorate; thus they have the power to influence government/legislation should they choose to use it. Government/legislation both created and continues the state-federal system, of which counselors and consumers are a part.

Culture

Section 21 of the 1992 Amendments addresses "Traditionally Underserved Populations" (Rehabilitation Services Administration, 1993, p. 20), referring to cultural minorities

(specifically ethnic minorities) whose needs have not been met by the state-federal program. Outreach to those minorities has been mandated. In attempting to serve cultural minorities, vocational rehabilitation counselors will have to adjust their case practices accordingly.

These changes will mean much more than speaking to consumers in their primary language. Culture

> Refers to the widely shared ideals, values, formation and uses of categories, assumptions about life, and goal-directed activities that become unconsciously or subconsciously accepted as 'right' and 'correct' by people who identify themselves as members of a society (Brislin, 1990, p. 11).

A society may be a country, a social class, or an ethnic group (Riggar, Eckert, & Crimando, 1993). Culture's role in rehabilitation has been documented. Culture can influence beliefs about causation of disability, the conditions that qualify as "sickness," the expectations about what affected persons should do, and the expected actions of others in response to another's condition (Cuellar & Arnold, 1988). Gazda (1989) noted cultural differences in counselor interpretation of consumer nonverbal behavior. Implicitly, culture could affect how a person adapts to disability, his or her motivation level in counseling, what will or will not be accepted interventions, how significant others will treat that person during the rehabilitation process, and how the counselor perceives what is going on.

There are a number of other ecological factors that shape counselor identity as it pertains to the counselor-consumer relationship, including state agency policy (and how it is interpreted by supervisors and area managers), the current budget and the health of the state economy, and the strength and activities of local advocacy groups. These factors, as well as those mentioned above, influence and are influenced by the consumer-counselor relationship. Some influence is direct and powerful—government and legislation for example—while other influences, like culture, are more subtle and thus harder to see and change.

SUMMARY

This chapter has raised many issues, certainly not new but important, nonetheless. Counselors are encouraged to do some self-introspection of their "identities." These are some items a counselor may wish to examine:

> **Assumptions**: How strong is the belief that disability is a natural part of human existence? How much do we advocate and uphold the civil rights of persons with disabilities? Do our practices promote or block the efficacy of the consumer-counselor partnership? Is a holistic approach just a textbook ideal, or do we strive to achieve it when possible? Do we act ethically, and make every attempt to reasonably solve ethical dilemmas?
>
> **Population**: Have we kept up with the medical, technological, and psychosocial services that enhance vocational opportunities? How current is our knowledge of

issues such as advocacy, confidentiality, substantial gainful activity, attitude/attitude change, consumer rights, cultural and ethnic effects on rehabilitation, and so on?

Goals: Have we found a way to keep the vocational outcome primary in the rehabilitation process, while balancing other important goals like independence and quality of life? Do we help consumers develop careers, rather than find jobs?

Skills: How current are our skill levels in interviewing, intervention, education, empowerment, and other case skills? Are we seeking developmental experiences with which we can strengthen those skills?

Ecology of Counseling: Have we examined the other ecosystems that may be affecting the success of our current partnerships? Do we attempt to understand "the big picture" in working with our consumers?

The professional identity of the vocational rehabilitation counselor in the state-federal system is a changing one. The evolution of this identity goes beyond the change in name, from "vocational rehabilitation agent" to "qualified rehabilitation counselor," as a result of statutory activity, or change in role, from coordinator to case manager to counselor. The change goes to who we are, what we believe, and what we do. It parallels the changing identity of the consumer and is bound in the consumer-counselor partnership. That partnership is the most visible and important entity in the state-federal rehabilitation system.

Our identity is likely to continue changing. Legislation such as ADA, which was the culmination of years of consumer, advocate, and professional activity, will continue to be passed. Professional groups like ARCA, NRCA, and the National Council on Rehabilitation Education (NCRE) will respond to the changing legislation, the consumer movement, technological advances, and so on, with curriculum, new ethical guidelines, and new interpretations of what it means to be a rehabilitation counselor. Our understanding of subtle and direct influences of culture, community, and legislation will continue to deepen, thus resulting in a need to adapt our identity.

Chapter III

PREREQUISITE KNOWLEDGES AND SKILLS

Certain prerequisite knowledges and skills provide the foundation for any human services counselor, including the vocational rehabilitation counselor. Some skills enable the counselor to establish and maintain therapeutic and trust-building relationships. Other skills facilitate communication, understanding, and mutual insight. In helping consumers deal with specific problems, the counselor uses skills that focus on the development and achievement of therapeutic goals and skills necessary to implement specific interventions.

Other prerequisite skills are rehabilitation-specific and help counselors work through issues affecting their consumers with disabilities. Finally, certain knowledges and skills, such as cultural and cross-cultural dynamics, interact with and permeate the practice of counseling, as well as all other human service endeavors.

The following chapter discusses the knowledge base and skills that the vocational rehabilitation counselor uses in the practice of his or her profession. The chapter begins with the knowledge base necessary for the provision of guidance or counseling services. Then required knowledges and necessary skills for vocational rehabilitation counseling are described.

"It has been a generally accepted truism that counseling is at the core of rehabilitation counseling" (Thomas cites Thomas & Parker, 1991, p.33). Counseling in large part consists of essential knowledges and skills that when applied provide the consumer with an empathetic, nurturing, and affirmative environment. The integration of these knowledges and skills by a counselor assures greater stability in the face of conflicts, crises, problems, and barriers. At the heart of counseling is an emphasis on empathy, respect, genuineness, and concreteness enabling the counselor to facilitate an atmosphere which overcomes dehabilitating anxiety (Rubin & Roessler, 1978). Over time a shared frame of reference and a bond evolve between the counselor and consumer. The counselor is concerned with helping the consumer make wise choices and decisions as well as promoting adjustment or mental health (Tyler, 1969). A sound counseling relationship helps the consumer discuss authentic problems, resolve conflicts, and deal with barriers to attain goals.

Counseling is goal-directed, time-limited, and focused. It takes place inside as well as outside the office in such places as schools, agencies, rehabilitation facilities, a job site, or the consumer's home. Home visits by the counselor give insights about the consumer's life style and often place the counselor in contact with the consumer's family or significant others. It can occur over a 15-minute coffee break or at times over the phone.

Cultural Diversity

Cultural diversity is probably more difficult to understand than it is to define and more difficult to define than it is to describe. Culture might be described as having been passed down from generation to generation and as consisting of the behaviors, beliefs, values, language, and material objects of a group. All to often culture is either taken for granted or ignored. Effective interpersonal communication in a counseling relationship for the purpose of building trust and maximizing counseling benefits is difficult to achieve even without the added issues of cultural differences and societal attitudes. Neglecting these issues, however, has a significant negative impact on the counseling relationship. (See Duarte & Rice Cultural Diversity in Rehabilitation, 1992, for a further discussion of cultural implications in rehabilitation.)

People use their own cultural perspective as a norm by which they judge others. Counselors and consumers alike have a cultural perspective through which each views and evaluates the world and those in it. It also provides a basis for what one ought to do in certain situations (Henslin & Kendall, 1993). This view can either be functional or dysfunctional, i.e., functional when it provides a constructive unity of purpose essential to the maintenance of a society and dysfunctional when it seeks to discriminate against another group.

An open-minded counselor seeks an understanding of his/her own cultural values, attitudes, beliefs, behaviors, and develops an awareness of how these might come into play in a counseling relationship. It is just as important that a counselor learn as much as possible about other cultures. Understanding cannot be limited to a global perspective. The counselor should have an understanding of the society in which the consumer lives since a culture can easily contain many subcultures. A skilled counselor attempts to understand a culture on its own terms rather than using only his/her own culture as a standard to judge the other.

For example, a female vocational rehabilitation counselor may find it difficult to establish rapport with a young male whose cultural background influences his perception of women. This may have little to do with the counselor's actual credentials or competencies but more with the consumer's capacity to accept "counseling" by a woman. In such circumstances, a knowledgeable counselor who is sensitive to cultural differences may consider referring (transferring) the consumer to a male colleague.

Effective cross-cultural counseling presumes a knowledge of cultural characteristics, demographics, social history, customs, beliefs, values, and psychosocial problems of the consumer's culture. There should be an awareness and sensitivity to a host of issues. These issues include: minority status, poverty, socio-economic background, social class stratification, ineffective educational systems and social service delivery systems, lack of employment opportunity, and inner city life. In brief the skilled counselor understands and accepts cultural differences, actively seeks cultural awareness, and works with the consumer toward eliminating discriminatory behavior.

Family Systems

Few would question the influence of the family on an individual. Good counseling practice requires a fundamental understanding of the family system including basic concepts, terminology, historical perspectives, theories and approaches, marriage, separation, divorce, the family and disability, sexual issues etc. One's attitude toward sexuality, ethnic status, race, religion, and other issues are heavily determined by the family and its child rearing patterns. Culture is primarily transmitted by family, which is the individual's prime teacher (Ivey & Simek-Downing, 1988). Obviously a great deal of information can be obtained about the personality and behavior of a consumer by the systematic investigation of the family dynamics.

Today the family, as the basic unit of social order, has changed as well as have child rearing responsibilities. The consumer may very well come from one of many nontraditional family structures. Non-traditional families can consist of the commonly thought of divorced single parent. However, families also consist of siblings fulfilling parental roles, grandparents as parents, unmarried partners with children, nuclear families, homosexual partners as parents, foster parents, and other arrangements.

Sometimes a family will maintain itself with maladaptive roles. The consumer living such a role may require the professional knowledge of a counselor who within a prescribed framework or unique style brings about positive change. George and Christiani (1990) cite Becvar and Becvar (1982) who suggest one model of a healthy functioning family. Six characteristics are described:

1. A legitimate source of authority exists and is supported over time.
2. A stable rule system is established and consistently acted upon.
3. Stable and consistent shares of nurturing behavior are present.
4. There are effective and stable child-rearing and marriage maintenance practices.
5. Goals are understood toward which the family and each individual strive.
6. There is sufficient flexibility and adaptability to accommodate normal developmental challenges as well as unexpected crises. (p. 105)

Experienced counselors have a professional knowledge of interventions for families in distress, a methodology to assess family dynamics, and a general systems theory that applies to the family. In short, they understand the complexities the family both as a social institution and natural support system. Experienced counselors clearly understand the need for a healthy support system in a consumer's vocational rehabilitation.

Psychological Aspects of Disability

The impact of medical impairment on the psychological health of an individual can be

profound. The psychological aspects of disability can have an overwhelming effect on the untrained counselor and may become a barrier to a productive relationship. Thus an understanding of the psychological aspects of disability is a fundamental requirement of the professional rehabilitation counselor.

Equally important is a basic understanding of the psychological principles of human behavior. Understanding personality dynamics as well as what motivates human behavior are fundamental counselor competencies. Poor psychological adjustment of a consumer can lead to maladaptive behavior, emotional and/or cognitive disorder, dependency, and/or a lack of motivation. Each person's psychological response to a disability is unique to him/her. However, there are common responses shared by persons experiencing a disabling condition. Helping an individual adjust to the new self is paramount to a successful sustained rehabilitation outcome.

The lack of a counselor's knowledge in adjustment to a disability may actually harm and further exacerbate the consumer's psychological problems by slowing or reversing progress and adjustment. Extreme care must be exercised by the counselor to facilitate growth rather than create additional dysfunction.

Medical Aspects of Disability

A working knowledge of the medically related aspects of disability is required of vocational rehabilitation counselors. A rudimentary knowledge of anatomy, physiology, and major diseases including various body systems is important. Counselors need to know medical terminology, specific functional limitations, diagnostic methods, health care systems, and the roles of various health care personnel. The informed counselor understands the medical model in terms of diagnosis, treatment, prognosis, rehabilitation procedures, and health care management systems. Medical information is essential for determining eligibility and developing a suitable and realistic vocational objective. The counselor must also know, or find out, the typical cause and progress of disabling diseases and conditions; i.e., will the functional limitations improve, stay the same, or become more limiting?

Technological Accommodations

An explosion of technological advances has opened the door to making otherwise inaccessible employment available to consumers. Advances in technology have also expanded the meaning of accessibility. By the provision of appropriate technology, the quality of life is often significantly improved. Technological developments in rehabilitation engineering, computer technology, communications devices, adaptive transportation equipment, independent living devices, unique electro-mechanical equipment, and ergonomics now enable many vocational rehabilitation consumers to accomplish previously unattainable tasks. Jobs once lost because of medical impairment can be salvaged while at the same time safety is improved. Work stations can be modified to meet individual needs without negatively affecting productivity, and at times productivity is improved. Advancements in medical aids and orthotics either eliminate various functional limitations or enable the medically impaired to circumvent functional problems.

The vocational rehabilitation counselor needs to be familiar with the resources for

assistive technology such as technology loan centers, rehabilitation engineers, informational clearing houses, written resource guides, and specialized rehabilitation assessments. Periodic updating is done so the counselor can address the unique functional needs of consumers. In addition, the professional vocational rehabilitation counselor keeps apprised of legislation pertaining to this area. For example, Section 502 of the 1973 Rehabilitation Act addresses the elimination of transportation and housing barriers. Section 508 of the same Act ensures access to computer equipment and various electronic equipment in the federal work place. It also provides for services to vocational rehabilitation consumers and rehabilitation ergonomic centers. The Rehabilitation Act Amendments of 1986 contains initiatives in rehabilitation technology and engineering. The Technology Related Assistance for Individuals with Disabilities Act of 1988 enables people with medical impairments to benefit from assistance technology.

Innovations and new technology are constantly occurring. The counselor needs help in keeping up with these changes. As one possible resource, the reader is referred to the publication by Cerna, Ellingson, Hedman, Langton, and Lawler (1988) Rehabilitation Technology New Applications-Practical Approaches. It is an excellent concise presentation on the topic.

Employment

People with disabilities experience more unemployment and underemployment than the nondisabled. Vocational Rehabilitation has as one of its primary purposes a restoration of the disabled to appropriate employment. Hope and Rice (1991) state that

> The congressional concern for people with disabilities has spanned some 70 years. Vocational rehabilitation has been the agency used to provide placement services for persons with disabilities by attempting to motivate the employer to hire a specific client for a particular job. (p. 10)

Underlying this concern for people with disabilities are the assumptions that people with medical impairments who have impediments to employment can be productively employed and integrated into the work place.

The following is a list of some of the most important employment information the counselor must have (Hope & Rice, 1991):

1. Job seeking skills
2. Job analysis
3. Labor market information and wage data
4. Marketing approaches
5. Rehabilitation technology for the work place
6. Business/industry needs for matching jobs and people

7. Advocacy and disability awareness

8. Community placement resources

9. Supported employment

10. Employment options in the work place

11. Special programs, e.g., Job Partnership Training Act (JPTA), Targeted Jobs Tax Credit (TJTC), civil service systems

12. Employment trends

13. Networking

14. Demographics

15. Americans with Disabilities Act (ADA)

16. Job coaching

17. Employer services

18. Entrepreneurial opportunities

19. Informational technology

20. Special populations with respect to placement practices

A counselor does not need to be an expert in all these areas but should be familiar with them. The counselor, however, needs to determine which placement service is appropriate for an individual consumer and how to access that service.

COUNSELOR SKILLS

Interviewing, Interactive Communication, and Empathy

The interview is a major source of information and contact between the consumer and counselor. Learning the essentials of conducting a successful interview is one of the most valuable skills required of a counselor. An interview is more than ordinary conversation although it may seem like ordinary conversation to the naive observer. Instead a definite purpose and a definite direction are intended by the counselor to gather information about the consumer. While an interview may be interrogative, it is not a reading of a list of questions to a consumer. Instead, it is an interactive process with direction. The good interview can elicit information not on a form, i.e., confirm data, correct data, gather nonverbal information, and other explanations of descriptive data (Wright, 1980). Information gathered can then be used

to screen, clarify, make decisions, develop plans, and direct consumers. While often called the "initial" interview, several sessions may be required to solicit all relevant information.

A comprehensive view by Peterson and Nisenholz (1991) does not limit the interview to interrogative expertise, i.e., questioning/interrogation. They describe the task of the counselor as attempting to get an "inner view" of the consumer. Pure gathering of information results in a fragmented and disjointed view of the consumer. Rather, the counselor incorporates a variety of learned sub-skills to better understand the consumer in a more holistic manner. These sub-skills lay a foundation for interactive communication. They allow the counselor to communicate an accurate understanding of what the consumer is trying to express.

Learning to hear what a person has actually said is difficult, but learning to listen to what is meant is more difficult. Some of these interactive communication sub-skills include various attending and active or passive listening skills. These sub-skills include paraphrasing, restatement, summarizing, appropriate choice of words, reflection, open- and close-ended questions, rhetorical questions, and interpretive analysis of arguments for logical consistency and coherency. Other sub-skills might include use of imagination, silence, and self talk. Also included are observation; noting overly emotional states and defensiveness; paying attention to tonality, vocal qualities, and affect. All of these enhance the counselor's capacity to enter the consumer's world of reality.

Certain general guidelines may help the counselor as an interviewer in efficiently gathering information and developing a productive relationship. They include (a) preparation--knowing the questions to be asked and how to ask them; (b) establishment of an appropriate environment, pleasant and free from distractions; (c) being prepared for unexpected events, responses, and behaviors; (d) consideration of taking a history (e.g., schooling, where lived, medical treatments) as people are shaped by their unique pasts; (e) planning to outline and summarize the information gathered; and (f) establishment of some future objectives.

No matter how skilled a counselor is in interactive communication, the dimension of "unconditional positive regard" (Rogers, 1957), "nonpossessive warmth" (Truax & Carkhuff, 1967), and genuineness and empathy must be included. Skills alone do not guarantee an empathetic response. The counselor needs to know him/herself; understand others; relate well to others; feel free from anxiety; have self-confidence and self-respect; and have the ability to trust (Belkin, 1988). Peterson and Nisenholz (1991) cite Yolum's (1985) findings that underscore how caring and meaning attribution have a direct relationship to positive outcomes. "The higher the caring and the higher the meaning attribution, the higher the positive outcome" (p. 502). Caring includes factors such as offering support, affection, praise, protection, warmth, acceptance, genuineness, and concern. Meaning attribution includes clarifying, translating feelings and experiences into ideas, providing a cognitive framework for change, explaining, and interpreting. Both caring and meaning attribution are critical; neither alone will guarantee success--"the Rogerian factors of empathy, genuineness, and unconditional positive regard thus seem incomplete, we must add the cognitive function of the leader" (p. 502).

Information-Giving and Interpretation

Doyle (1992) states information-giving is an important skill for the counselor because it structures the counseling process. It provides relevant factual information to inform consumers about basic principles and facts of a particular counseling intervention strategy. Without information, it is difficult for a consumer to make reasonable enlightened decisions. Cormier and Cormier (1991) define information-giving as the communication of facts and data to consumers about experiences, events, alternatives, or people. Furthermore, they point out the purposes of information giving are to:

1. Give a consumer alternatives when he/she is not aware of any options
2. Help consumers become aware of possible outcomes
3. Correct invalid or unrealistic data
4. Examine issues or problems they have been avoiding

There are certain ground rules a counselor must learn in covering the "when," "what," and "how" of appropriate information-giving. Information is given when a counselor simply recognizes the need for it. This presumes the counselor has *identified* the information presently available to the consumer; *evaluated* the consumer's present information to determine if it is valid, data based, and sufficient; and *understood* that the information should be provided not prematurely but when the consumer is ready.

What information is given? The counselor determines what information is useful, is reliable, and then sequences it properly. How is it delivered? Information is provided by the skilled counselor in a clear, concise manner avoiding jargon, highlighting key points, and presenting all relevant facts even the negative ones. Time is allowed for consumer discussion. There are several questions a counselor must answer before giving information: What information is lacking? What are the most important points to emphasize? What is the most logical way to present the information? How should it be delivered for best comprehension? What might be the emotional impact on the consumer? How can the effectiveness of the information be evaluated?

Another important distinction to be understood by a counselor is the difference between advice and information-giving. Advice is recommending or prescribing a particular solution. In information-giving, the consumer is left to make the decision. As Cormier and Cormier (1991) point out, there are pitfalls to advice giving. A consumer may reject the advice in an effort to remain independent in order to not feel influenced or coerced. If the advice is unsatisfactory, the consumer may blame the counselor and distrust his/her judgment. Advice may prove helpful and, with repeated successes may develop dependence on the counselor. There is also the possibility the advice might be harmful.

Finally, it is critical that the counselor have a strong knowledge base to interpret information appropriately to the consumer. For example, in providing feedback on vocational test results, it is important that the counselor have a strong knowledge base in standardized

testing. Awareness of norming standards, predictive validity, reliability, and even the meaning of specific percentile scores is fundamental in interpreting what an individual test score means. Wrong information may be communicated to a consumer if the counselor sees a 40th percentile score as a failure score indicating poor performance in a given area when in fact the score falls within the average range.

Similarly, it is important for a counselor to know that relatively few standardized tests have been normed on persons with disabilities. The very presence of a disability may in fact render certain test results useless. A timed test, given to an individual with eye-hand coordination problems, for example, probably has no meaning unless the purpose was to assess the eye-hand coordination problem. Unique cultural experiences, or lack thereof, may skew results in a similar way.

The bottom line is that the counselor must have a strong knowledge base to interpret information in a truly informative way. This concept applies to all areas of information giving and interpretation to the consumer.

Intervention Techniques

In addition to listening and attending skills, a capable counselor must employ counseling interventions. Heron (1986) developed six categories of interventions to help counselors focus on what is said by a consumer and to heighten awareness. These interventions play both a direct and facilitating role in guiding the relationship. The six categories are

1. **Prescriptive**. Counselor suggests or recommends a particular line of action.

2. **Informative**. Informs or instructs the consumer in some way.

3. **Confronting**. Challenges the consumer to draw attention to an issue negatively affecting the consumer's life.

4. **Cathartic**. Enables consumers to release tension, expression of pent up emotion.

5. **Catalytic**. Draws consumer out and encourages him/her to discuss issues.

6. **Supportive**. Validates, encourages, supports consumer in some way.

Hackney and Cormier (1988) offer a different categorization of interventions such as social modeling, role playing and rehearsal, cognitive change, and self-management. Social modeling occurs when an individual serves as an example of a particular social behavior or set of behaviors in a particular context/environment to help an observer act as the model did. Role playing and rehearsal consist of copying or imitating behavior(s) repeatedly to achieve a desired behavior and/or to develop insight. Cognitive change is the use of cognitive behavior techniques to replace pathological or self-defeating thoughts and/or behavior with a positive creative process. Self-management is the self-monitoring, self-evaluation and self-correction of one's own behavior (Goldman, 1988). Understanding these interventions and others enables the

counselor to choose the appropriate strategy or strategies for the enhancement of the consumer's growth.

At some point in time--either over the phone or in person--a counselor is confronted with a crisis requiring immediate attention. A consumer may be feeling panic, stress, or helplessness with an urgent need for relief. He/she is not performing well, and the situation seems overwhelming (Burnard, 1989). The following steps are often employed by experienced counselors to manage a crisis or to use as a crisis intervention technique: (a) help the person face up to the crisis--discourage denial; (b) break up the crisis into manageable steps; (c) avoid fake reassurance, resist communicating that everything will work out okay; (d) help consumer to be proactive and utilize other resources; and (e) teach coping skills.

Problem Solving

Problem solving is a systematic strategy for the logical analysis of a problem using a set of steps that allows one to arrive at a solution for implementation. At any time in the counseling process, the counselor may need to assist a consumer in problem solving.

The skilled counselor is required to determine if the consumer has a facilitating or maladaptive problem-solving style. A consumer who normally has a facilitating problem-solving style may from time to time find it difficult to effectively reason through a problem. The counselor's role is then to assist the consumer to clarify his/her problem-solving style and bring it to bear on the problem. If that is ineffective, the counselor may introduce a new approach. In the case of a maladaptive problem-solving style, the counselor's role is more complex. The counselor may intervene to change the consumer's perception of the problem and teach a problem-solving technique(s) as a replacement.

"Some people have difficulty solving problems because they either never learned how to solve them or they feel the problem is overwhelming" (Cormier & Cormier, 1991, p. 386). When the consumer feels overwhelmed, the counselor may have to deal with a number of negative feelings, i.e., feelings of inadequacy, hopelessness, stupidity, depression, anxiety, incompetency, etc. These negative feelings complicate the problem-solving process since they are perceived as threats to personal adequacy. As a result, a sense of loss of control, diminished motivation, and avoidance arises. There are several models of problem solving. However, there are fundamental steps or benchmarks that exist in most approaches. George and Christiani (1990) list three similar models that seem to encompass these basic steps.

Strickland (1978) lists the following steps: (a) identify the problem, (b) identification of values and goals, (c) identify alternatives, (d) examine alternatives, (e) make a tentative decision, (f) take action on the decision, and (g) evaluate outcome.

Krumboltz (1966) emphasizes the following procedure: (a) generate a list of all possible outcomes; (b) gather relevant information about feasible alternatives; (c) estimate probability of success in each alternative; (d) consider personal values; (e) deliberate and weigh facts, outcomes, and values; (f) eliminate least favorable course of action; (g) formulate a tentative plan of action; and (h) generalize the process to future problems.

Egan (1975) proposes this systematic problem solving methodology: (a) identify and clarify the problem, (b) establish priorities in choosing problems for attention, (c) establish workable goals, (d) take a census of available means for reaching the goal, (e) choose the means that will most effectively achieve established goals, (f) establish criteria for effectiveness of action programs, and (g) implementation.

Counselors need to identify a consumer's decision-making style quickly and unobtrusively. One possible method developed by Richard Johnson (1978) describes all decision-making styles as falling somewhere on two crossing continuum: contemplative continuum and an internal-external continuum. The decision-making style is described by one of four terms: internal spontaneous, external spontaneous, external contemplative, internal contemplative. By observing how the consumer answers questions during an interview, the counselor can quickly determine a decision-making style. Internal decision makers think quietly. You will not hear the thought process that constitutes the decision-making process. It will all happen internally. External decision makers think out loud. You will get to hear the decision process word by word.

Spontaneous decision makers make decisions by trial and error. They try out one decision to see how they like it and then try another and another, etc., until they find the one with which they feel comfortable. People who are extremely spontaneous will probably not feel comfortable with any one decision for very long. They have a need to change. Contemplative decision makers think things through in an orderly, rational fashion. Contemplative decision makers spend time reaching a decision using a process in which feel invested effort. They will give up that decision only with difficulty. Given the time and effort invested, they probably feel sure their decision is correct.

Value Clarification

Belkin (1988) comments that decisions reflect values and almost all behavior is influenced by a person's value system. He cites Strickland's (1978) definition of values as "convictions or beliefs which prescribe or determine acceptable or preferable behavior in relation to needs or goals" (p. 428). Values describe what is acceptable and not acceptable, our needs, how needs are satisfied, and the way goals are set and perceived. At times a consumer may become frustrated at not reaching a goal or may have a conflict choosing from more than one goal or alternative. In order to resolve these conflicts, the skills of a counselor are required to recognize and clarify values thus helping the consumer in making appropriate choices. For example, a consumer may value independence but cannot afford to live away from her parents. The counselor may help the individual list several alternatives, find a roommate to share the rent, get a job, or assert independence in other aspects of life away from home.

George and Christiani (1990) state values are "reference points mapping out a foundation on which the individual bases his/her course of action, values are guidelines providing structure and meaning" (p. 17) to the individual. Counselors need to understand and clarify their own values as well as those of their consumers. Since a counselor's values are an integral part of his/her personality and thus a part of the professional role, understanding how these values contribute to the counseling process is a concern (Belkin, 1988). Though not all inclusive, five categories describe most types of values: (a) cognitive - objective, scientific, factually, proven

values; (b) personal preference - likes/dislikes; (c) moral - higher principles of conduct; (d) self - feelings of self, self-importance; and (e) cultural - shared social values.

Taken together, the values of both counselor and consumer are a significant professional issue in the counseling relationship. They either directly or indirectly influence one another. When value issues become critical, the counselor must effectively deal with the issue. An example of a critical value issue occurs when the values of the counselor and consumer are considerably different. Other examples occur when the values of a consumer are causing some difficulty in his/her environment, or perhaps the counselor employs a treatment plan having some negative effects on the consumer (Doyle, 1992). It is important to avoid stereotyped values that assign characteristics to a person based on assumptions about a particular group to which the person belongs. According to Dougherty (1990) the degree to which a counselor lets his/her values dictate behaviors in a counseling relationship is a critical concern. Imposing values puts the counselor on shaky ground and deprives the consumer freedom; yet by using extreme caution, the counselor risks impotence. When these value conflicts become significant, a referral to another counselor is best.

Empowerment

Any individual is susceptible to becoming devalued, disempowered, and isolated because of medical impairment(s). A person may also feel isolated due to low income status, race, color, creed, personality variables, lack of skills, and cultural differences. He/she can become victims of discrimination and segregation. When this occurs, the individual is viewed as having little value in society. Income base, fiscal worth, and productivity deteriorate, and very likely he/she becomes a recipient of private charity or public funded goods and services. The result is an oppressed person who experiences a loss of power. It then becomes part of the skilled counselor's mission to move the consumer toward empowerment.

Another way to view empowerment is in terms of a partnership. The development of a partnership in order to achieve realistic outcomes is an important feature of a good counseling relationship. A counselor invites and encourages the consumer to be increasingly active in shaping treatment and procuring services. Collaboration between other groups and organizations "with the primary focus on the direct service relationship between the consumer (e.g., client) and professional services provider (e.g., counselor)" (Corthell & Van Boskirk, 1988, p. 25) is of vital importance.

Condeluci (1991) describes "interdependence" as a way of relating to devalued or disenfranchised people. Interdependence defines the problem of the disenfranchised not as what is wrong with the individual, but rather places the onus on the system that does not provide the necessary supports for self-actualization. The counselor takes an active role in clearly listing the rules, regulations, and civil rights that define the boundaries in which the counselor and consumer will function. However, the counselor makes certain that the consumer has control of the choices.

Confrontation

Confrontation is a useful technique that a counselor employs to help a consumer

recognize a discrepancy or conflict in his/her behavior. Confrontation is one of the most artful of counseling skills, and its use can cause counselor anxiety and overreaction. The counselor can at extremes either beat around the bush or be blunt and brash. Burnard (1989) describes this as the pussyfooting or sledgehammer approaches, both of which are rarely effective. Whether or not confrontation is successful depends on a number of variables such as timing, context, presentation (choice of words, tonality, nonverbal behavior), perception of a consumer's receptivity, and understanding the consumer's defense mechanisms. According to Brammer (1979), it is a combination of skills that may "threaten or thrill, depending on the timing and readiness of the helped to be confronted with feedback honestly offered" (p. 83).

As a tool, confrontation is powerful in its ability to promote growth or become devastating. It must be offered in the context of trust and caring and not be used as a means of venting anger and frustration (George & Christiani, 1990). There are several reasons for confrontation. A counselor may want to point out inconsistencies, help a consumer see things realistically, understand why he/she is avoiding an issue or feedback from others, point out probable consequences of behavior, deal with unanswered problems, reveal faulty logic, clarify values, and call attention to unclear purposes or goals. Cormier and Cormier (1991) suggest the following confrontation technique: (a) observe the consumer carefully for information supporting the discrepancy, (b) summarize the different elements of the discrepancy, (c) include in a summary words that reflect an accurate description of the consumer's experience, and (d) assess effectiveness of the confrontation by seeking feedback and observing behavior.

Prior to engaging in confrontation, the counselors should ask themselves if good rapport and a trusting relationship have been established. Will it overload the consumer? What should be done if it is denied or not really accepted? Should further attempts be made? What might they be?

Reading Nonverbal Behavior

An important faculty developed by counselors is the capacity to recognize various nonverbal behaviors and correctly interpret their meanings. Nonverbal behavior, which is more spontaneous and not easily controllable, is often a window to the consumers' emotions (Cormier & Cormier, 1991). Loosely defined, nonverbal behavior is any perceived behavior that is informative about the sender and that is used and labeled (Gazda, 1989). It requires observation skills that involve all of the counselor's senses. The counselor is observing for feelings and behavior expressed by a consumer through the medium of the body. Research suggests that any message is broken down as follows: content 7 percent; voice, volume, inflection, rate, etc., 35 percent; facial expressions and body language 55 percent. However. Knapp (1978) cautions nonverbal communication cannot be studied in isolation from the total communication process. Taken together verbal and nonverbal behavior give the counselor a more accurate understanding of the consumer. The purpose of nonverbal communication is to express emotion, enrich verbalizations, regulate participation, deceive, shape feelings, or offer feedback. Three reasons are given by Peterson and Neisenholz (1991) as an explanation as to why a counselor attends to nonverbal communication: (a) to make helpful behavioral descriptions, (b) to provide consumers with accurate feedback, and (c) to identify feelings.

Nonverbal behavior generally is categorized into (a) kinesics (facial expressions, body

movements and gestures); (b) paralinguistics (vocal volume, intonation, rate of speed); (c) environmental factors (surroundings, e.g., colors, smells, furniture, temperature); (d) proxemics (personal and environmental space); (e) physical characteristics of an individual, touching behavior, time; and (f) artifacts (manipulation of objects in contact with the interacting person, e.g., clothing, makeup, jewelry, wigs). A counselor should attempt to recognize these behaviors in order to gain insight. In addition, the counselor can use his/her own nonverbal behavior to communicate with the consumer and, perhaps at the appropriate times, shape the consumer's behavior. Counselors are cautioned that researchers have not compiled consistently accurate explanations of nonverbal behavior because of individual idiosyncracies, culture, situational differences, and differences in observers (Gazda, 1989).

Group Work

Group counseling evolved out of group guidance. Group guidance was implemented to provide information of an educational/vocational and personal/social nature not taught in academic courses. The typical setting was a classroom.

Group counseling is a dynamic interpersonal activity focusing on thoughts, behaviors, and emotions. It is conducted in small groups with an empathetic caring orientation to increase understanding, clarify goals and values, and learn or unlearn behavior. According to Gazda (1989), "Whereas the goal of traditional group guidance was to provide students with accurate information that would help them make more appropriate plans and life decisions (and in this sense it is prevention oriented), group counseling is growth engendering, prevention and remediation oriented" (p. 10). Professional counselors learn skills to master the basic dynamics and assumptions of group behavior with the understanding that group work has its advantages.

Group counseling is cost effective, is supportive, provides structured practice and opportunities for feedback, stimulates quality and quantity of ideas, and generates benefits for the spectator as observer. Yet there are some disadvantages in that there is a tendency not to disclose because of fear. In addition there is less individual counseling time available, and a poor or unprofessional leader can do damage (Kottler & Brown, 1985).

Group counseling is focused on the present rather than the past. It is relatively short term. Special counselor competencies include the following:

1. Developing group formation, composition, cohesiveness
2. Facilitating cooperation and common goals
3. Understanding group behavior
4. Recognizing cooperative decision making and problem solving
5. Giving constructive feedback
6. Knowing what to avoid and when to intervene

7. Dealing effectively with abusive behavior (not tolerated), rambling tangential digressions, withdrawal and passive behavior

8. Pointing out semantic errors and correct them

9. Addressing lethargy and boredom

In addition, the counselor incorporates his/her listening, attending, and non-verbal behavior skills to facilitate the group dynamics. The counselor interested in using this technique should take a university course in group counseling. Then he/she should co-counsel with an experienced group counselor.

Job Placement

How is the employer motivated to hire a person with a known disability? A role of the vocational rehabilitation counselor is job developer on the consumer's behalf. However, more often the counselor provides counseling for job placement. Counselors use their skills, knowledge, and background to empower consumers by providing the necessary know how and information to find their own employment. There are several reasons why it is good technique to help consumers find their own job. Among them are the following:

1. Despite any intervention by the counselor, the consumers must ultimately face the employer and sell themselves in the interview.

2. The consumers invest themselves in finding the job and are therefore motivated to do well.

3. The technique is cost effective--leaving the counselor more time for job finding for those consumers who need additional help.

Roessler and Bolton (1985) point out employment success is a result of taking into account multiple factors such as the assets of the individual, elements of the work environment, and features of the social environment. Both individual and environmental factors must be addressed in purposeful placement planning. Placement begins almost immediately in the vocational rehabilitation process; it is not an end product. Parker and Szymanski (1992) state vocational rehabilitation counselors "must plan strategies that reveal information about individual productivity, interests, and needs" (p. 314). They report three phases of placement planning and implementation based on individual needs and that contribute to the information used to make labor market decisions:

1. **Productivity enrichment**. Previous levels of productivity are determined and additional vocational preparation is pursued when necessary.

2. **Productivity realization**. An attempt to achieve the placement and the consumers' full productivity.

3. **Career enhancement**. Concern with enhanced productive capacity.

This conceptualization emphasizes that placement is blended into the entire rehabilitation process rather than setting it apart as a disjointed end product. The likelihood of a successful placement occurs when early planning and strategy implementation takes place.

Engagement and Disengagement

The initial interaction or engagement between counselor and consumer starts prior to the initial interview. One of the skills required of a counselor is to learn how to establish a set of precedents that guide future interactions. It is the first stage in building trust. As Young (1992) puts it, a therapeutic alliance is developed early on through developing an appropriate setting free from distractions. The counselor employs basic attending and listening skills. He/she may want to initially engage in some small talk to put the consumer at ease. It is also necessary to set limits. Moursund (1985) suggests that setting a pattern for ending an interview at the close of the first session is important for both counselor and consumer. A consumer shouldn't be allowed to stretch the session/interview beyond the allotted time; however, there should be some allowance for flexibility. There should be frank discussion of counseling, including both positive and possible unpleasant aspects. Describing the purpose, responsibilities, focus, and limits of counseling is of significant importance. A counselor should also be prepared to address any anticipated questions and should determine if the consumer is an appropriate referral. If the referral is appropriate, a productive engagement process can set the stage for discussion of concerns and goals. The process is initiated by establishing trust and gathering information.

Disengagement is as important as engagement. According to Wright (1980), counselors need to learn how to effectively draw a counseling relationship to a close and should familiarize themselves with the issues and skills needed to terminate the counseling process. In order to reduce the possibility of generating bad feelings, the counselor learns not to ignore the termination issue. Addressing termination early on (as early as the initial interview) is necessary to establish a marker or time line for the process to come to an end. A reduction in bad feelings is accomplished by

1. Bringing up termination early
2. Employing counseling skills to manage ill feelings
3. Avoiding the counselor-consumer relationship as the central issue
4. Playing down termination
5. Reframing--describing termination as an opportunity for the consumer's independent growth
6. Reviewing goals and achievements

When should termination take place? The simplest answer is when the counselor and consumer think it is appropriate. According to Young (1992), termination is needed when the problem is under control, stress has been reduced by better coping skills, a greater self-awareness and better relationships are established, life is more enjoyable, and the consumer feels

capable of leaving the relationship. Preventing early termination is part of a successful counselor's expertise. This expertise includes how to (a) avoid delays in scheduling, (b) set small goals for any consumer expected to drop out early, (c) avoid processing the consumer through several channels or people, (d) provide a clear orientation to counseling, (e) use reminders to motivate consumer attendance, (f) follow up on why a consumer terminated, and (g) go the extra mile in getting the consumer back (Young, 1992). Finally, the counselor promotes maintenance of gains through follow up measures.

Brokering: When to Seek Outside Help

The mark of a successful counselor is knowing not only when to move forward with the provision of services or diagnostics but also when to seek help. For various reasons the vocational rehabilitation counselor may want to broker out for services i.e., purchase services from an outside source. The vocational rehabilitation counselor uses comparable services as good rehabilitation practice. There are both private and public organizations and individuals that offer services at little or no or cost.

There are times when the vocational rehabilitation counselor may not have the resources available to provide the services or diagnostics needed, for example, the equipment and facilities required of a functional capacities evaluation or a system used in vocational assessment. A large caseload, with its pressing demands, restricts available counselor time and may make it more expeditious or even necessary to obtain services elsewhere. This is especially true if the consumer will need a large number of counseling sessions.

Perhaps a different point of view is needed such as a third medical opinion to serve as a tie breaker when two physicians are in opposition or two psychologists have differing opinions on a consumer's functional capabilities. There are occasions when a counselor does not have the expertise in a particular area, e.g., Alcohol and Other Drug Abuse (AODA) or genetic counseling, medical diagnosis, prognosis, treatments, occupational and physical therapy, rehabilitation engineering, etc. A lack of funding may force the counselor to look elsewhere.

Occasionally interpersonal conflicts arise between counselor and consumer that are significant enough to threaten the relationship. Outside help or a referral to another counselor is then necessary. However, prior to seeking outside assistance, the counselor should seek the intervention of his/her immediate supervisor as a mediator. Another helping resource might be the local Client Assistance Project.

Frequently a consumer may have a counseling relationship with another service provider. In this case the counselor may want to let certain agreed upon concerns or issues be treated in this other relationship. If so, the vocational rehabilitation counselor will coordinate efforts and keep an open line of communication.

When brokering, the vocational rehabilitation counselor keeps foremost in mind the necessity to be cost effective. Vocational rehabilitation is not an entitlement program, and funding is limited. As the fiscal year progresses, resources dwindle. During the brokering process, the counselor should involve the consumer in the decision as to the choices available. The services should also meet as high a level of quality as possible to maximize consumer benefit.

CONCLUSION

This chapter has outlined the knowledge base and skills needed by the counselor to provide guidance service and counseling. However, there are personal qualities that the counselor must bring to the task. The personality style of the counselor and a desire to work with people are factors that cannot be built into a human resources curriculum. It cannot be emphasized too much that common sense as well as a logical yet creative approach to problem solving are key ingredients to a counselor's success.

Counseling is the primary element that holds the integral parts of the vocational rehabilitation process together. It provides the necessary support enabling the consumer to become successful in returning to productive activity and independence. The consumer's emotions and cognitive processes are kept focused through the use of counseling skills during the various stages of the rehabilitation plan. The Individualized Written Rehabilitation Program (IWRP) that establishes mutually agreed upon objectives, services, and time frames is developed and maintained through the use of counseling. Counseling provides the necessary support to preserve the integrity of the IWRP; without counseling the plan would be jeopardized and the consumer deprived of valuable help.

Chapter IV

COUNSELING IN A STATE VOCATIONAL REHABILITATION SETTING

In the early years, the federal/state vocational rehabilitation (VR) system referred to its case managers as counselors. The hiring criteria used by most of the state vocational rehabilitation agencies did not require professional counseling credentials, and in-service training did not emphasize counseling. Performance evaluation systems typically made no effort to evaluate or reward counseling. Instead, these systems traditionally evaluated and rewarded case management skills and placement rates. Although they were always called counselors, nothing in the system emphasized counseling and no attempt was made to clarify or articulate what sort of "counseling" the "counselors" were supposed to do. To say that they did "rehabilitation counseling" does not clarify because that term is used broadly in our society to mean many things including counseling of correctional institution inmates and counseling related to restoring old houses.

Starting with the creation of master degree programs in rehabilitation counseling in the '50s and picking up considerable steam with the creation of a certification process in the '70s and '80s, the field has clamored for professional status and has gained some success. Many state agencies now require pre-employment a relevant master's degree, even as a vocational rehabilitation counselor trainee. Salaries for counselors are higher than many other social service state agency salaries, and job roles allow a greater amount of discretion in making case decisions.

Beneath these professional trappings, however, is a problem. All professions have claim to a particular and specific body of knowledge. Professionals were originally called professionals because they "profess" that body of knowledge. The body of knowledge rehabilitation counselors should posses, should lay claim to and "profess," is the knowledge base and skills discussed in the previous two chapters. It outlines what vocational rehabilitation counselors know and do, or should know and should do, that no other profession does.

A unique aspect of counseling in a state vocational rehabilitation agency is the accountability for results. Employment outcomes were and continue to be the key criteria in judging the success of the counselor as well as the agency program. Paradoxically, outcome has been emphasized while the key component that should create that success, i.e., counseling, has not received deserved attention.

The emphasis in vocational rehabilitation has traditionally been on the number of people rehabilitated. Historically, the vocational rehabilitation service delivery system was designed to put people in entry-level jobs and then disengage. The concept at the national policy level is thought of as being a benevolent government that would help people with disabilities obtain jobs and then they were on their own. The system was designed to bring about entry-level placement, not to help people prepare for and initiate and progress through careers.

Initially, state agency counselors were required to follow up on consumers for 30 days after placement before a case could be successfully closed. With the passage of the 1973 Rehabilitation Act, the requirement was changed to 60 days. Sixty days as a measure of whether an individual has successfully transitioned into employment is not much more telling than the old 30 days. The program is still designed to get people into appropriate employment as rapidly as possible and then disengage. It is not designed for career counseling and long-term career follow-up and guidance.

A recent General Accounting Office report found that the positive effect of vocational rehabilitation services delivered to consumers who were successfully rehabilitated began to fade after two years. The quick fix mentality or concept is now perceived by consumer groups as a major flaw in the program's design. There is a realization by consumers and counselors that if the program is to help vocationally rehabilitate people with severe disabilities, the system has to change to provide professional career counseling and to become career oriented rather than entry-level job oriented. There is a need to help people with disabilities into jobs with a future, not into minimum wage, entry-level positions in the secondary labor market. Rehabilitation counselors must emphasize career guidance and counseling, with a stress on quality outcomes.

Regardless of the variety of services offered by vocational rehabilitation agencies, vocational rehabilitation must have as its premise that professional guidance and counseling are the central services of the vocational rehabilitation process. At the very heart of vocational rehabilitation counseling should be a person for positive change. Counseling is at the center of everything a vocational rehabilitation counselor does; it is the central purpose, and everything else follows.

Counseling has multiple definitions in vocational rehabilitation. It includes many things, and it is easier to say what it is not, rather than what it is. It is sometimes vague to the public since it has so many connotations in modern day life.

Gustad (1953) defined counseling as

> . . . a learning-oriented process, carried on in a simple, one-to-one social environment, in which a counselor, professionally competent in relevant psychological skills and knowledge, seeks to assist the client by methods appropriate to the latter's needs and within the context of the total personal program, to learn more about himself, to learn how to put such understanding into effect in relation to more clearly perceived, realistically defined goals to the end that the client may become a happier and more productive member of his society (p. 27).

Perhaps a better definition is McGowan and Schmidt's (1966):

> Counseling differs from advising, where emphasis is on informing persons of obligations and requirements so as to solve immediate environmental problems; and from psychotherapy, where the intention is to establish a more intense and lengthy interaction for purposes of major changes or alterations in the client's behavior or personality (p. 11).

McGowen and Schmidt (1966) characterized counseling as

1. It is a social learning interaction between two people, the methods and purposes of which range between the extremes of simple advising and intense long-term psychological treatment.

2. The recipients of counseling services are generally called clients [today consumers].

3. Concern typically is with normal or "usual" persons rather than with those who exhibit abnormal or extreme modes of adjustment.

4. Clients [consumers] typically may be expected to be upset or frustrated at the beginning of counseling but not usually psychologically disabled or disintegrated.

5. Counseling junctions aim toward awareness to realize their potential, if necessary through some alteration or modification of their attitudes, outlook, or behavior.

6. Although listening and talking are the primary methods, psychological tests, social and biographical histories, outside resources, and other psychological or sociological instruments or materials are usually employed.

7. Attention is paid to extra counseling as well as intra counseling events and changes.

8. More emphasis is given to the positive and obvious than to the negative and unconscious in the counseling process.

THE WORK OF A COUNSELOR

Rehabilitation counseling is probably a combination of all of the McGowen and Schmidt factors and more. An outsider may see the counselor as a therapist, or maybe a motivator, or even as a procurer of things. However, the vocational rehabilitation counselor has additional responsibilities. For instance, the vocational rehabilitation counselor focuses on the strengths of the individual consumer as a way to intervene in limitations posed by specific impairments. The common referral complaint of "I need help" is more specific: "I need help to overcome my ... impairment."

The core of rehabilitation counseling is the sharing of information with specific consumers. No two consumers will have identical issues or concerns. Counselors share their knowledge of disabilities with regard to vocational implications, community resources, local labor market conditions, and job development/placement strategies. All information provided is for the overall purpose of moving the consumer closer toward meaningful and substantial employment. The rehabilitation counselor is expected to act as a combined resource of

therapeutic interaction, vocational counselor, vocational prognosticator, community organizer, and consumer advocate.

Counselors share more information regarding vocational implications with the person with a disability than does any other agency personnel. Physicians, psychologists, and social workers do not usually have the vocational expertise that a vocational rehabilitation counselor has to effectively educate a consumer about potential capabilities and limitations. To enhance the VR process, counselors usually have the latest knowledge of community resources where the most beneficial comparable services and benefits are located. They know local labor market trends and share this information with consumers.

The vocational rehabilitation counselor focuses primarily on the area of work. Work is associated with independent client functioning. Even in nonremunerative employment, there is the expectation that the individual will reach and maintain some acceptable performance level.

The counselor is often required to be an expert prognosticator. That is, the counselor must predict the probable success of an individual with a disability in a particular training program, job, or other activity. The rehabilitation counselor is also action oriented, by using community resources, finding jobs, and being an active consumer advocate.

There is an assumption on the part of the vocational rehabilitation agency that all consumers either need or can profit from guidance services and/or counseling. Realistically, however, some consumers come to vocational rehabilitation because vocational rehabilitation can pay for goods or service the consumer wants. Unlike any other profession, including social work, employment counseling, manpower services, and mental health services, vocational rehabilitation has the budget to purchase goods and services. Generally a vocational rehabilitation counselor and supervisor can make decisions regarding thousands of dollars worth of goods and services. Therefore, a great number of individuals with disabilities know where the resources are and do not seek "self-adjustment," "adjustment to a disability," or guidance. They know what they want and where they are going; they just need the financial resources to get there.

If the individual is declared eligible, a plan may be written to purchase these goods or services. Along with the procurement of the goods and services, counseling is often provided. However, it may be very short-lived. For example, in the 1960s an individual was referred to vocational rehabilitation for aid in paying for surgical removal of a cancerous prostate gland. He had a job as a janitor in a school district which laid him off each summer without health insurance. While the agency paid for a portion of the hospital cost, the consumer also received counseling regarding his fear of impotency.

Many counselors in vocational rehabilitation agencies provide invaluable counseling services which go unrecorded and thus unrecognized. Tremendous amounts of energy and thought about a consumer's circumstances may be poorly reflected in a case note about a ten-minute phone conversation. For example in the foregoing illustration, the counselor called the school district administrator. Although the individual's name was not disclosed, the problem of uninsured employees was explained. The school district in subsequent years did offer health insurance during the summer to its hourly paid employees. Counselors deal with each person

holistically and rarely, if ever, segregate their "counseling service" into subcategories.

GUIDANCE

In vocational rehabilitation counselor textbooks and counseling manuals, "guidance," as an individual service category, is not included in counseling services as state rehabilitation agencies have implied through the years. Guidance is generally characterized by the service provided by high school counselors, employment consultants, and placement specialists.

Guidance does not have the psychological characteristics as counseling does and therefore would not imply the psychological training and expertise that is required of rehabilitation counselors. Although vocational rehabilitation counselors provide a great deal of guidance, they still find it necessary to use their counseling skills to communicate effectively with consumers.

Guidance usually is performed prior to writing the plan, where vocational information is discussed prior to plan implementation, such as when the consumer is being assessed or evaluated. It is also characteristically provided in such services as training, ready for employment, or employed. It is not usually as relevant when the consumer is receiving physical restoration, counseling, or during the initial interview.

Some seasoned vocational rehabilitation personnel see themselves as guidance counselors instead of rehabilitation counselors. They see themselves as mainly providing guidance and direction to consumers while they issue payment vouchers to pay for the increasing numbers of training plans, items of equipment, and medical services. Unfortunately, these counselors often find they are unable to spend time doing what they are trained to do, vocational and psychological counseling. This occurs when large caseloads or expansive geographic territories are involved.

State agencies tell counselors that counseling and guidance are the most important services they render a consumer. These services are defined as a process in which counselors think and work in face-to-face relationships with disabled persons in order to help them understand both their problems and potentials.

The extent of counseling is usually determined by counselor judgment and is based on numerous factors such as the complexity of case, type(s) of disability, adjustment level, diagnostic reports, and time. Consumers who appear to need an unusual amount of counseling or appear to have severe thought disturbances are usually referred for further or additional assistance to mental health/mental retardation clinics, licensed psychologists, or to hospitals. Only in specialized case loads can vocational rehabilitation counselors spend a significant amount of time in counseling an individual. For example, counselors in drug and alcohol programs, correctional programs, mental health programs, and those working with transitional programs use Status 14 more than in the regular programs.

Not all vocational rehabilitation consumers need counseling, but most will need some form of guidance. Guidance may be used as only assistance in a training plan, or it may be a substantial part of a vocational evaluation or testing service. Both counseling and guidance in

the vocational rehabilitation setting are usually recorded in the same entry and context in the case folder. Consequently, it is often difficult to ascertain whether counseling or guidance was offered.

THE PURPOSE OF STATUS 14

Counseling and/or guidance can be provided in any status, for any reason; and counselors generally consider that counseling and guidance has been provided in all cases so that virtually all closure information includes counseling and guidance as one of the services that the consumer has received. Rehabilitation agency policy states, however, that a case file is to be placed in Status 14 if the principal or only service provided at the time is counseling and/or guidance by the counselor. If the principal service is counseling or therapy by someone other than the counselor, Status 16 is used, since that is considered restoration services.

In some state agencies, a case remains in Status 14 until another service becomes the principal service or until an employment or closure status is appropriate. In other agencies, individuals are placed in Status 14 when placement is the only service provided along with counseling and guidance. In these states, policy generally prohibits any other service being provided, and no financial encumbrances are allowed. Status 14 is usually reserved for a special need and where no purchased service is necessary.

THE PROBLEM WITH STATUS 14

Status 14 has been used as a catch-all for consumers who do not appear to fit any other status but who are not ready for employment. It has been used instead of Status 10, 12, 24, or 20 for various reasons. The most common reason is production pressures placed on the vocational rehabilitation counselor. The status can be abused by the vocational rehabilitation counselor easily since it is difficult to monitor and to audit documentation of counseling and guidance in the case folder.

Properly documented, counseling-or-guidance-only cases (Status 14) require planning by the counselor and consumer. The Individualized Written Rehabilitation Program (IWRP) and case record should reflect that counseling or guidance was justified. The subsequent case notes should document that these services were provided in accordance with agency policies.

A common practice is to place eligible individuals in this status while awaiting placement. Some individuals may even have job leads upon arrival at the agency and are only interested in employment, so they receive counseling and guidance while they wait for a job. This practice has occurred because most agencies do not view placement, by itself, as a substantial service to justify successful case closure. It is not permitted to move a case from Status 02 (referral status), directly into Status 20 (ready for employment). A service must be provided prior to such a move.

Many vocational rehabilitation counselors will use Status 14 to provide placement counseling and guidance, i.e., training of job seeking skills. In addition, counselors may

document significant service by providing several job or career guidance sessions. If they can document that substantial services were rendered, then the status changes to ready for employment (Status 20) while the consumer is seeking work.

It is suggested that vocational rehabilitation agencies be allowed to take credit for placement as the only service. The counselor could then move a consumer directly from eligible (Status 10) to Status 20. Since little guidance occurred (possibly a few questions to assure a good job match), a case can be made for moving the person from eligible (Status 10) to 20 (ready for employment) after writing the IWRP, which calls for counseling or guidance. There is some credence to this suggestion since vocational rehabilitation counselors are the best qualified in the placement of persons with disabilities.

CONCLUSION

Counselors should be encouraged to provide more counseling or guidance by agencies endorsing goals and expectations for this service. At present, there are expectations only for successful closures, numbers of referrals, acceptances, and plans completed. Status 14 as a service is not given priority by some vocational rehabilitation agencies. In fact some managers question counselors about their Status 14 cases as though they were not providing substantial services since no funds are expended. Managers must realize that it is sometimes difficult to see progress of the consumer. Counseling cases are difficult to document, even though substantial services are being rendered to the consumer.

The discussion on Status 14 has been somewhat negative and problem centered. An attempt was made to highlight the problems with this status. However, the authors agree that, appropriately used and documented, Status 14 may be viewed as a most creative and change-producing phase of rehabilitation. A more consistent, nationally sanctioned use of this status will undoubtedly play a key role as agencies incorporate policies to implement the intent of legislative mandates regarding choice. Now is the time for creativity and ingenuity as counselors forge partnerships with consumers in the vocational rehabilitation setting.

Chapter V

CAREER COUNSELING

> Career Counseling is a structured, systematic interview and a teaching process intended to help the consumer discover and articulate her/his vocational interests and goals. It is a type of counseling that has as its aims identification of vocational alternatives and the construction of a strategy to select an attainable goal. Career counseling attempts to discover and take into account the consumer's values, interests, skills, and social needs.

The Rehabilitation Act Amendments of 1992 reinforce this concept of career counseling. Section 100(a)(3)(C) of Title I now reads

> Individuals with disabilities must be active participants in their own rehabilitation programs, including making meaningful and informed choices about the selection of their vocational goals and objectives and the vocational rehabilitation services they receive (Rehabilitation Services Administration, 1993).

The Difference Between Career Counseling and Career Guidance

Guidance is informed advice. Guidance is the giving of information and, in the case of career guidance, the sharing of information relative to careers. Guidance is guiding. Conversely, counseling is a structured process of intervention with the objective of helping the individual define her/his thoughts and feelings, in the case of career counseling, about possible occupation.

In vocational rehabilitation we have referred to "counseling and guidance" as though the term meant one thing and as though that one thing was clear. The meaning of "counseling and guidance" in the vocational rehabilitation system has never been clear. The mistake, of course, has been that counseling and guidance are two different processes. Using the two words together connected by the word "and" does not make them the same thing.

The process of referring consumers for aptitude, achievement, interest, and intelligence tests; and explaining to consumers the results of those tests is guidance. The process of directing consumers to computer-based vocational exploration systems and helping them use and interpret the products of those systems is guidance. Helping consumers explore training opportunities at universities, community colleges, and community service providers is guidance. The process of vocational evaluation uses a mixture of paper and pencil test, computerized processes, and hands-on evaluating procedures. When the vocational evaluator or vocational rehabilitation counselor explain the results and conclusions to the consumer he/she is providing guidance. All of these procedures might be part of a counseling process, but in and of themselves they are guidance and not counseling.

Assisting a consumer through a process that promotes identification, exploration, and

articulation of personal needs and desires is counseling. Assisting a consumer to identify, clarify, and articulate likes and dislikes is counseling. Assisting a consumer to identify and articulate fears is counseling. The assistive process becomes career counseling when it includes exploring how those needs, desires, likes, dislikes, fears, etc., pertain to possible career choices.

Vocational Counseling and Career Counseling

The term career counseling does not refer to a different process than does the term vocational counseling. However, the term career counseling is preferred for two reasons:

1. In the past vocational rehabilitation has used the term vocational counseling when in reality guidance was provided.

2. There is a need to emphasize the importance of helping consumers into jobs that will have long-term value for them as opposed to entry-level and often short-term jobs--in other words, a career rather than simply job placement

When Career Counseling Should be Done and With Whom?

For many, if not most, consumers seeking services from a vocational rehabilitation counselor, career guidance will be appropriate and sufficient. The majority of consumers need to explore their aptitude, interest, and achievement scores on psychometric tests. Coupling this information with information about education, training options, and the labor market will meet their career exploration needs. Given competent guidance, that is, access to reliable and pertinent information, they will make decisions in their own best interest. Counseling is not necessary for every consumer of vocational rehabilitation services. In fact, career counseling is necessary only for that portion of the consumers who have no clear vocational goals or have unrealistic ones.

For some consumers, however, career guidance alone will not suffice. Some people need a more structured examination of their values and interests and a structured comparison of those values and interests with the realities of their current situation. They need career counseling. The people who can benefit from career counseling might be identified in four broad and general groups. This proposed division of prospective consumers is, by necessity, simplistic and, therefore, only partially accurate. It is useful, though, to a practicing counselor who needs to make decisions rapidly.

1. **Self-image Problems**. People who seem, to the counselor, to have more potential for growth than their presenting vocational goal suggests. Career counseling can help shape their view of themselves and their long-term potential.

2. **Unrealistic Vocational Goals**. Counseling is aimed at helping the individual find a realistic goal, hopefully one just as meaningful as his/her unrealistic one, but one in which he/she can succeed. The counseling is aimed at turning an almost certain failure into a success.

3. **Undetermined Vocational Goals**. Some consumers have no idea what they want to do and articulate that lack of goal direction. These folks are the easiest. They have identified that they need and want help. They are cooperative and motivated.

4. **Unspecified Vocational Goals**. Some consumers say "I'll take anything," which is rarely accurate. Everyone has values, deeply held beliefs developed in childhood. These beliefs are basic and for each individual define such issues as good from bad, desirable from undesirable, beautiful from hideous, etc. These people are in the most desperate need of career counseling. Their "I'll take anything" denotes not only desperation, but also vocational confusion. They are, however, the most difficult to interest in career counseling because they are desperate for immediate employment. They need the service but may not be receptive, as they perceive they need a job right now.

The issue of when, in the case management process, career counseling should be done is illustrative of how, over the years, the vocational rehabilitation status system has begun to drive the case management process rather than record it. Too often counselors feel constrained because of their concern that they not violate case status protocol. The important issue regarding when career counseling is done should be that it is done when the counselor and consumer have jointly agreed that it is desirable.

Many times career counseling will occur in Status 10 as a natural part of developing the Individualized Written Rehabilitation Plan (IWRP). Career counseling will result in choosing a vocational goal and deciding on the type and length of pre-employment services. Those decisions are then reflected in and become the basis of the IWRP. In other situations an IWRP is developed with a very general vocational goal, a job family rather than a specific job, and the IWRP will include a period of career counseling as part of the IWRP. In those cases the counseling is properly done in status 14. The important consideration here is whether counseling is needed, not what number the assigned status happens to be. A case may be in Status 16, 18, 20 or 22 when it becomes apparent that career counseling is necessary. The original plan may have fallen apart, and the consumer agrees to enter career counseling. Then the consumer and counselor should develop a new IWRP to reflect the new plan for career counseling and move the case back to Status 14. Moving a case between planned statuses (14 - 22) is allowed by Rehabilitative Services Administration (RSA) rule and should be done to properly reflect case activity.

Psychometrics and Vocational Evaluations and Career Counseling

In many situations career counseling will negate the need to refer for testing or vocational evaluation. The counselor doing career counseling will spend several hours listening to the consumer explore, identify, and articulate her/his most basic values. In that process the counselor will learn consumer likes and dislikes, strengths and weaknesses, functional levels of decision making, and manners and levels of communication. For many consumers, testing would be redundant and probably a waste of the consumers' time and agency's funds. However, the consumer and counselor may need to add testing or vocational evaluation if the career

counseling process leaves questions unanswered or breaks down entirely.

Some counselors who currently rely heavily on testing and vocational evaluation may wish to try career counseling. It is suggested they use counseling techniques first and then refer consumers for testing to confirm the results of the counseling.

While there are many different theories, methodologies, and models used in career counseling, there are certain components found in all. A successful outcome means consumers obtain employment compatible with their values and skills. The consumers also understand how certain information about themselves combines with information about the world of work. This information contributes to making satisfying career decisions now and in the future.

Familiarity with the elements/components of career counseling allows the rehabilitation counselor to tailor the counseling sessions and activities to each consumer's needs. For example, consumer's may need only to evaluate a decision already reached or they may need the whole process with emphasis at certain points. Portions of the process are useful with consumers who are functioning at a low level. For example, they may explore what type of sheltered or supported employment best fits their needs.

Career counseling skills can be used in a group setting, which will save counselor time. Care should be given to selecting participants who could benefit in such a group. However, regardless of the setting, there are certain stages (components) considered when doing career counseling.

A thorough and helpful discussion of career counseling may be found in the Skills of Career Counseling by Pierce, Cohen, Anthony, Cohen, & Fried (1980). The following outline is a combination of two of the tables in their book in which an outline is provided of both the stages of career counseling and the skills of career counseling.

The Stages & Skills of Career Counseling

I. Exploring the Consumer's Career Alternative

   A. Exploring information about the consumer's world

      1. Exploring previous educational and work experiences

      2. Exploring general interests

      3. Exploring career values

   B. Exploring information about the world of work in relation to the consumer's world

      1. Exploring work/interest areas

      2. Identifying preferred work/interest area

3. Exploring educational requirement categories

4. Identifying preferred educational requirement categories

5. Expanding the number of realistic occupational alternatives

II. Understanding the Consumer's Career Alternative

A. Understanding the consumer's unique career value system

1. Defining career values

2. Scaling career values

3. Weighing career values

B. Understanding the world of work in relation to the consumer's career value system

1. Investigating specific occupational alternatives

2. Making career decision using values/occupational knowledge

3. Developing new understanding through an internship experience

III. Acting on the Consumer's Career Choice

A. Acting to develop a career plan

1. Identifying and categorizing problems

2. Assessing present problem behavior

3. Assessing the needed goal level

4. Developing career steps to the needed goals

B. Acting to implement the career plan

1. Specifying needed resources

2. Assigning completion dates

Exploration Stage

In the exploration stage, the consumer is assisted in addressing general knowledge deficits about self and work. The first step is to gather information about education and work

experiences including areas of likes, dislikes, competencies, difficulties, and reasons for these feelings. The focusing on reasons will help a consumer talk about feelings and can lead to a better understanding of values. The same process is repeated in the areas of hobbies, nonvocational interests, and jobs the consumer thinks are appealing. Remember the consumer is exploring; reality testing comes later.

After exploring the educational background, work experiences, and general interests, a list of things (values) important to the consumer in choosing a career begins to emerge. This list may be expanded by using inventories such as the Strong Vocational Interest, Edwards Personal Preference, or other checklists.

After exploring the information about the consumer's world, it is necessary to look at how information about the world of work is organized. The consumer's own interests are the best way to identify a starting point. To expand this list or to validate stated interests, systems such as Holland's Inventory are useful. The Dictionary of Occupational Titles uses data/people/things as a system for classifying jobs by interest and can be used to narrow the focus to those categories which best fit the consumer's previously stated values. If other instruments are used, it is important that they supplement or validate, not take the place of, the structured interviewing and counseling sessions. The outcome of the exploration stage should be identification of a larger number of job/career alternatives.

Understanding Stage

In stage two, the goal is to understand the consumer's unique career values in relation to the world of work. This stage gives meaning and understanding to the information gathered in the exploration stage and leads to rewarding career alternatives in terms of the consumer's own criteria and priorities.

The number of occupations identified in the exploration stage is usually narrowed to two of three choices. The Occupational Outlook Handbook and the Dictionary of Occupational Titles are excellent tools at this point. Perhaps more effective is observing and talking with people who actually do these jobs. Short-term internships or volunteer positions are excellent ways to do further reality checking as to whether the occupations match with the identified career values.

Action Stage

The goal of the final stage of career counseling is transforming understanding into action. At this point, the counselor and consumer will need to identify the factors that may interfere with reaching the desired career goal. They then discuss how these factors may be addressed or overcome. Many of these issues were identified in the rehabilitation process and will have perhaps surfaced during the explorative and understanding stages. Other problem areas noted by counselor observations during community work experiences, volunteer positions, or work adjustment will also need exploration and discussion. Since the explorative and understanding stages of career counseling have led to a specific occupation, such factors as educational requirements, skills and abilities, and physical requirements are more readily identified.

As each step involved in reaching the career goal is identified, resources needed and time

frames should become part of the action plan.

As persons with disabilities are a heterogeneous population, no single approach will be applicable to all. Therefore, the focus is on identifying and meeting individual needs, removing specific barriers, expanding the person's range of options, and supporting the person through his or her transition to work (Parker & Szymaski, 1992, p. 299).

The results of providing career counseling are twofold. Not only does the consumer have a clear goal, they also have learned skills to use for future career development and enhancement.

A Method of Value Clarification

Everyone has values, things they believe are good and are intrinsically worthwhile. Values are expressions of those things perceived to add worth to life. People can violate their values through work. For instance, people usually value helping others, making friends, working with congenial co-workers, and having helpful supervisors; however, they might obtain a job that violates these values. If so, they probably will be unhappy at work and may do poorly there.

One way to approach career counseling is to provide consumers with a structured method of exploring and identifying their values. These values are then related to jobs that include or require these values. One method of exploring work values is using the Minnesota Importance Questionnaire. Scores on this questionnaire can also be used for matching values with those required in specific occupations.

Another way to help consumers explore, identify, and eventually articulate their own values is by exploring what they liked and what they disliked about specific important developmental experiences in their lives.

This particular method, developed by Richard Johnson in the 1970s, involves two to four sessions of an hour each. This time-sensitive system of value clarification is useful for state vocational rehabilitation counselors who have limited time. The way to start this counseling process is to explain to consumers what you would like to do and why. The explanation should include (a) that you wish to ask them questions regarding their likes and dislikes, (b) that this is a type of interviewing aimed at helping them identify their values, and (c) that the values will then be related to possible jobs and careers. Ask if they are interested, and gain permission to proceed. There is no point in trying this method of career counseling with someone who is not interested or not ready. Be aware that agreeing to enter into a counseling relationship can be a frightening step for consumers. People can be afraid of becoming exposed and thus vulnerable. Most will have to develop trust before agreeing to enter into such a relationship. The counselor must guard and preserve that trust.

Session I

The consumer is asked what he/she liked and disliked about at least four major developmental experiences in his/her life. Major developmental experiences might include school, work, hobbies, recreation, etc. Start by exploring the consumer's last, most recent

school experience. If the consumer has had some college, start with college. If he/she stopped after high school, start with high school and ask first "What did you like about school?"

Whatever the consumer says in response to this first question is where you need to start. Be aware that the response may not be totally appropriate. The consumer will be nervous, may be a little threatened, and may respond with humor, defensiveness, coyness, or by being threatening. Wherever it is necessary for the consumer to start is okay and is the starting point. So if the consumer is a young man and says what he liked about high school was the girls, that is where the counseling starts. The counselor responds, "What do you mean when you say liked the girls? What specifically? Girls in general? Certain girls? What?" The counselor remains nonjudgmental and does not attempt to add to the humor. The consumer makes all the decisions, including where to start, and whatever the consumer does or says is okay. The intent is to ask clarifying and specifying questions to ascertain the core reason about why persons liked something they say they liked. "Why did you like it?" The intent is to discover a hint of a value in why they liked what they liked.

In asking questions, it might be helpful to think of funneling the consumer's responses to sequentially more specific values, e.g., What did you like? What was it exactly that you liked about that? How does that differ from... I think you are saying...

The counselor is going to continue to ask clarifying questions until she/he have distilled the consumer's feeling about this particular experience into a value word. Value words might be words like (a) helping, (b) socializing, (c) prestige, (d) status, (e) autonomy, (f) orderly, (g) clarifying, and (h) learning. These are words that signify important conditions of living for that person.

Once that first question is asked, then a series of questions follows. These questions invite the consumers to more specifically articulate why they liked what they said they liked and ensure that the communication between counselor and consumer remains sound. Periodically, the counselor says, "I think you are saying...," and waits for the consumer to confirm or reject the accuracy of that communication.

For example, the process could occur for two levels of schooling, e.g., community college and high school, high school and grade school, etc., and for two jobs--perhaps the two most recent but significant jobs.

The reason for asking about more than one school experience and more than one job experience is because different life experiences will allow different values to be exposed. However, sometimes the consumer has not had two different school or job experiences. In that case, substitute the same type of questions about hobbies or favorite recreational activities. It is important to explore the consumer's likes and dislikes in several experiences, not just one or two. These experiences will have been different and the consumer then has the opportunity to articulate different likes and dislikes.

As you ask your clarifying and specifying questions, pay attention to what the consumer disliked, as well as what he/she liked. Pursue those negative avenues of inquiry as well. At the end of each of these lines of inquiry, at the small end of each funnel, a value should be

found. When a value word has been uncovered, ask the individual to confirm the value; if confirmed, write it down. At the end of this session, or perhaps two sessions after confirming these words and their meaning with the consumer, give the following assignment:

Matching Values with Possible Jobs: The assignment is to use the classified want ad section of a local or nearby fairly large city newspaper. The consumer should review a wide variety of job listings. Often the Sunday want ads are the most complete and are used for this assignment. The individual is to review all the jobs advertised with his/her list of value words beside them. He\she writes down jobs that seem to match his/her set of value words as he/she reads the ads. Some fairly specific instructions need to be given with this assignment:

1. You are not looking for a job. That is not why you are looking through the want ads.

2. Pay no attention to whether the job is at all realistic or feasible. This is a DREAM list--a list of jobs you would really enjoy because they match your values. This list is very hard for many people to do. (Encourage the consumer to dream. Tell him/her that later you will deal very matter-of-factly with reality. Right now it is time to dream.)

3. If, as the consumer uses the want ads, they think of other jobs they are interested in, these should be included on the list. The want ads are only a tool, an easy way to review a listing of many jobs prevalent in the consumer's part of the country.

4. Finally, if the consumer sees jobs that sound interesting but do not really know what they are, put those on the list too. By using guidance tools, the counselor can help the consumer learn about those jobs.

Make an appointment for the consumer to come back in one week. In order to continue with a flow, it is best to continue with sessions one week apart until finished. Longer gaps will lead to a loss of continuity.

Session II

Usually, the material covered in Session I is done in an hour-long session, two hours at the most. It will probably take longer than one session if the consumer has a speech-related disability or has a decision-making style that is slow and deliberate. So, in some cases what is described as Session II will, in fact, be a third meeting.

It is hoped that the consumer comes to this session with a list of dream jobs, jobs that would be really interesting to the consumer or jobs he/she is curious about.

The counselor at this point goes down the list job-by-job and asks about each, "What is it about this job you feel you will like?" Wherever the consumer starts is where the counselor begins asking clarifying and specifying questions. Periodically the consumer says, "I think what you are saying is . . ." In other words, the same process used in Session I is used again with

the same intent--to help the individual define and articulate values. Think of each job as the broad opening of the funnel and, again, the refined drop at the narrow end as a value word. As the discussion ensues, take notes and write down, after confirmation, the value words, building another list. You will find, in all probability, a list of values similar to, but not identical with the earlier list. Continue through the list, job by job, until the value words surfacing become completely repetitive.

As these jobs are discussed, give the individual any information missing about the job--the pay, the necessary preparation, etc. This is a good time to have an Occupational Outlook Handbook beside you.

Some people will bring a long list of dream jobs. When what the counselor and the consumer are learning together becomes repetitive, the process can stop. Some people will bring a very short list or maybe no list at all. With these people, you may want to start the session by repeating the purpose of the assignment and asking again that they confirm their interest in completing it. Give them time and encouragement to ask questions and to discuss their misgivings of the process.

Toward the end of Session II, discuss this new--that is, revised--list of value words. Ask for confirmation on each word. Make sure both you and the consumer understand each word the same way. Take notes so that you remember how the consumer understands each word. Now give the same assignment again, using the new and revised list of value words. Encourage the individual, as he/she again uses the want ads with the revised list of value words, to dream.

Session III

Reality Test: So far the counselor has helped the consumer explore and articulate values and begin relating values to possible jobs and career tracks. The consumer is encouraged specifically to dream. The counseling process now has a value base. The consumer is encouraged to think career rather than job.

Now it is time to help the individual begin thinking practically and realistically. At the same time, the consumer should not be overwhelmed by limitations and problems.

Start Session III by discussing four specific and very important reality areas: (a) money, (b) time, (c) geography, and (d) functional limitations.

It is suggested that the counselor begin by explaining that "Now we are going to be realistic." "Now we are going to take a look at the very real facts of life." The consumer should have brought to this session his/her second dream list of jobs. Accept it and lay it aside. Indicate to the consumer that together you are going to explore four areas of reality: money, time, job location, and functional capacities.

Money. The discussion about money involves two issues. First, how much money is necessary as a starting salary, taking into account money that will subsequently be lost, i.e., Social Security Income, AFDC, parent's income, etc. Help the individual figure out what is really needed as a starting salary. Don't forget about benefits that will be lost or that might be

reduced such as Medicaid, Food Stamps, etc. Figure out a minimum starting salary, get the consumer's agreement, and write that figure down.

The second part of the money issue is what would the consumer need to make in five years? This question is connected to some of the person's values and is a question counselors too frequently forget to ask. If the individual ends up in a dead end job rather than a career path, he/she will eventually be back if one of his/her values is upward mobility, ambition, or something similar. Again, a salary figure or range needs to be agreed upon and written down.

Time. The next issue to be dealt with is time. Specifically, how much time is the consumer willing to spend to prepare for a job? Can he/she take four or five years to go to college? Two years for community college? Three months for on-the-job training? Does he/she need immediate placement? Family considerations will need to be included in this decision making. The issue of how long the family is willing to tolerate the current situation in order to eventually have a better life needs attention. Again, reach agreement and write it down.

Geography. Specifically, where is the consumer willing to work? If he/she is willing to relocate, to where, what are the rules? If relocation is not a consideration, how far from home is he/she willing to go? Again, reach an agreement and write it down. Be specific.

Functional Capacities. Vocational rehabilitation counselors have a great deal of experience and training in this area. Let the consumer define what he/she can and cannot do. Take care not to overly emphasize this. The individual with a disability is probably already keenly aware of what he/she cannot do and does not need reminding. Focus on capacities rather than limitations. Again reach agreement and write down the capacities.

The consumer and counselor now have a set of data that constitutes boundaries, that sets limits, and that defines possibilities. The next step is to compare the second dream list the consumer has just brought in with the boundaries just articulated to see if there are matches.

Most of the time there are matches--jobs on that second list that fall within, or come close to falling within, those boundaries. Other times the counselor will need to facilitate compromising on some of the reality issues to bring about a match. Even if there are no matches, the issues have been clarified.

If there is a match or something close to a match, the consumer now has a job goal that (a) he/she is interested in, (b) stretches him/her and brings him/her closer to his/her potential, (c) is realistic, and (d) one which the counselor and consumer has tested.

Final Step

The final step is contained in another homework assignment. The assignment is to talk to someone who actually does the job that has been targeted. The counselor needs to realize that most consumers will find it difficult to contact someone and ask questions about that person's job. It should be stressed that people love to talk about themselves and their jobs. Most people will be flattered by such contact and questions.

The consumer needs to ask what a person in this job really does, as opposed to what most people think this job is about. How does one become prepared for this job? What is the starting pay and the pay range? What are the benefits? What are the drawbacks? Does it look like there will be jobs in the future?

Final Career Planning Session

Ask the consumers to relate what they learned from their contact. If the contact resulted in their having questions or misgivings about the job goal, the counselor will need to discuss these questions or misgivings. If the first goal is abandoned, move on to the next highest on the list. If the counselor finds that there is no match or nothing approaching a match between the second, revised dream list and the results of the reality test, referral for additional diagnostic testing may be in order.

The subconscious mind filters everything we do, say, and believe through our beliefs of what we are, what we are entitled to, and our capabilities. This happens completely subconsciously and happens without fail. Therefore, our dreams, our aspirations, will pretty closely match our actual potentiality unless that filtering process is affected by such problems as mental illness, a personality disorder, drug abuse, or other severe problems.

At the end of this structured systematic counseling process, the consumer should be satisfied and ready to move ahead. The person has clarified and articulated his/her own values, particularly as those values relate to jobs and careers. The counselor has helped the consumer think clearly about his/her future and expanded his/her perception of personal possibilities. The consumer was helped to consider his/her potential by doing nonpejorative reality testing. The consumer has taken charge and will make future career decisions.

CONCLUSION

This chapter has identified the circumstances under which career counseling is useful. It has suggested the parameters within which the process of career counseling should operate and has emphasized the uniqueness of counseling issues as differentiated from guidance issues. A specific strategy has been outlined for structuring career counseling into a realistic time-limited, outcome-oriented framework in an agency setting. Counselors are encouraged to study and further develop their career counseling skills.

Chapter VI

CAREER GUIDANCE

Career guidance is a service in which the counselor is the orchestrator, directing or leading consumers to information. This service is time-limited and is an activity-directed service. The guidance is provided concurrently with other services and is goal-oriented. Guidance may employ the use of technology such as computer systems or paper and pencil tests. It is different from counseling which involves looking at values and effecting change. Career guidance is giving information so that appropriate and realistic employment options can be chosen.

INTRODUCTION

The basic idea underlying many of the present career theories of matching persons and their work can be traced back to Plato's writings in The Republic. He suggested assigning people to jobs based on their abilities and their temperaments. At the time of Plato's writing and in the centuries immediately following, work was viewed as a curse. In the Greek language it is interesting to note that the words for work and for sorrow come from the same root word. They believed that the gods hated mankind and condemned them to labor (Walsh & Osipow, 1988, p. 214).

The view of work as a curse continued until it began to change with feudalism. The serfs were laborers of the land, and work was the only way they could obtain dignity. They began to take pride in their work, and there was gradually a change in the philosophy of work.

Organized religion also promoted the idea that manual labor was dignified when it was performed by a member of a religious order. Work was regarded as honorable and necessary, serving the needs of humans and of God. In 2 Thessalonians, Chapter 3, of the New International Version (1988) of the Bible it is stated, "Labor is an essential part of our role as caretakers of God's world."

Martin Luther and John Calvin had a great deal of influence on the view of work, and their teachings formed the basis of what is call the "Protestant work ethic." This is a totally opposite view as once held by the Greeks and Romans. Since work is now seen as positive and something which gives dignity, it is important for work to be available to those who want to work. The population of individuals with disabilities has not always had the opportunity to work.

DEFINITION OF WORK

The definition of work according to Frank Parsons (1909) has evolved from other definitions and is the one that is used as the basis for explaining the need for career guidance

and for explaining the relationship between work and guidance. Parsons felt that in the wise choice of a vocation three broad factors need consideration:

1. A clear understanding of self (including interests, aptitudes and abilities, and limitations)

2. Knowledge of work labor markets

3. An understanding of the relationship between the two (Zunker, 1981)

DEFINITION OF CAREER GUIDANCE

Guidance, as defined in the American Heritage Dictionary, is "showing the way, directing or advising, or giving information." Therefore, career guidance is giving information to individuals to enable them to learn about themselves in relation to a career. It includes the gathering and assimilation of information about occupations and the labor market. The goal is to help individuals make realistic vocational decisions.

According to the National Vocational Guidance Association, vocational guidance is the process of helping people develop, accept, and integrate an adequate picture of themselves and their role in the world of work. The persons should test the picture against reality, convert it into a reality, and progress with it (Crites, 1969). In our discussion, guidance is providing information while counseling is a more in-depth discussion of values, hopes, and dreams and then reality testing these concepts.

Career guidance includes giving consumers information on how to learn about their interests, skills, and abilities. It discusses how to obtain information regarding work and current local labor market information. It addresses how to prepare and look for work, how to conduct oneself in an interview, and whether and how to discuss disabilities in employment interviews.

Currently, career guidance is in a dynamic state as the labor force changes rapidly. There are shifts in occupational structures and high unemployment rates, increases in worker productivity, and concerns about the quality of work life (Herr & Cramer, 1988). The United States is now involved in a global economy, and there is a need to attain basic skills in order to remain competitive in the work force. These skills include (a) the ability to read, write, and communicate; (b) interpersonal skills needed to work with others as a team; and (c) skills in adapting to changes and flexibility. In today's labor market, workers are required to learn many jobs within a company and to move from one area to another. They must be willing to learn and to be placed in any area where they are needed. Workers need to have confidence in themselves and in their abilities to perform the required work.

GOAL OF VOCATIONAL REHABILITATION AGENCIES

The historic goal of the state vocational rehabilitation agency is successful job placement and maintenance of competitive employment by persons with disabilities. Career guidance is

essential to assist consumers in fulfilling this goal. Effective career guidance will help to ensure that consumers are successful in employment and will know how to pursue and secure employment.

Role of the Counselor

The counselor is the orchestrator of the guidance process. Guidance is an integral part of the rehabilitation process and is provided from referral to closure. Guidance may also be provided as a valuable post employment service.

Some of the guidance activities provided by the vocational rehabilitation counselor are not directly related to career selection. Guidance may involve an explanation of the vocational rehabilitation program and the services that are available. It may also include an explanation of how eligibility for vocational rehabilitation services is determined. Guidance includes the counselor as an advocate for the consumer and providing information regarding consumer rights, the appeals process, and the Client Assistance Program, (CAP). Guidance is

1. Providing information on changes in agency policies and procedures, keeping consumers informed regarding these changes, and explaining the resulting impact on service provision

2. Coordinating services for the consumers

3. Referring to other agencies and providing information on how to access the systems to which they are referred

4. Giving information regarding any issue which impacts the consumer; this may involve guiding the consumer in understanding transportation availability, in addressing child care concerns, or in finding accessible housing

For example, if consumers decide to apply for social security benefits, information is given regarding application procedures as well as where and when to apply. Many consumers do not know where the social security office is located and do not know what documents or information they will need to produce when they apply for disability benefits. Guidance provided by the counselor may help alleviate frustration for the consumers.

Chapter Focus

Although guidance is provided from referral to closure, the focus of this chapter is career guidance that empowers consumers to make realistic and appropriate vocational choices and decisions. Ordinarily, the majority of career guidance is provided after the consumer is found eligible (Status 10), counseling and guidance (Status 14), or ready for employment (Status 20); therefore, the provision of guidance is an anomaly in the status system used by vocational rehabilitation. Counselors cannot write an Individualized Written Rehabilitation Program until a vocational goal is selected along with a six-digit DOT code number. Thus the counselor and consumer are forced to choose a bogus vocational goal and then do vocational guidance. Even

stranger, career exploration service is purchased after the consumer is in a rehabilitation program with a specific vocational goal.

The counselor's role is to determine what consumers already know about themselves, the world of work, and what they need to know to seek and secure appropriate employment. According to Katz, consumers often do not know what information they need, they do not have the information they want, or they cannot use the information they have (Borow, 1973, p. 93). According to Issacson, the role of the counselor is to assist consumers in acquiring, processing, and applying information and skills to make effective decisions (Gysbers & Moore, 1987).

The guidance provided by the vocational rehabilitation counselor is individualized according to consumer need. Some consumers may have knowledge of jobs they would like to pursue but do not know how to seek employment. Other consumers need help determining their skills and abilities and how these skills relate to work. Some consumers have never worked, possess no knowledge about work behavior, and don't understand how they fit in the scheme of work. Other consumers cannot return to previous employment because of a disabling condition and need guidance in gathering and assimilating vocational and personal information including possible transferable job skills.

Counselors can provide guidance to consumers applying for civil service positions. They can inform consumers

1. How to access the system
2. About application procedures including completing an application for every position for which they are qualified and interested
3. How tests scores are used
4. How to list the employment experience they have in detail, such as using a job description as a guide
5. How to give very specific and detailed accounts of their employment history
6. How to list the locations in which they would consider employment

The counselor needs to know about occupations and labor market trends. Because of the rapidly changing work world and the global economy, consumers have increased job choices. However, it is impossible for a counselor to know all occupations. Instead counselors need to know about available job data banks in order to direct consumers to the appropriate job information resources. It is important that consumers, to the fullest extent possible, check resources and not rely on the counselor to do this for them. When they are checking, they are learning about themselves and the labor market. They are also investing their time and themselves in the process and, thus, will gain confidence and independence (Chapman, 1976).

CAREER GUIDANCE THEORIES

There are many career guidance theories that look at various individual attributes and relate these attributes to success in the work place. All of these theories discuss various ways of relating an individual's interests and skills to work which is realistic and appropriate. The following theories provide a background of information from which counselors can draw.

1. **The Trait Factor Theory** contends that consumers have stable and unchanging characteristics; traits, including interests, abilities, and intelligence. The theory is based on the assumption that different jobs require different skills and abilities, and consumers should seek jobs that are consistent with their attributes (Brown, Brooks, & Associates, 1984).

2. **Developmental Process Theory** developed by Ginzberg states that an individual goes through stages of development beginning with fantasy and ending with crystallization (Yost, 1987).

3. **Changing Life and Interest** as discussed by Super stresses that what may appeal to a person at one stage in life may be different later in life (Yost, 1987).

4. **Career Choice and Personality** was dealt with by Roe (Brown, Brooks, & Associates, 1984).

5. **Vocational Personality** was a concept used by Holland along with the idea that certain types of vocational choices are made by individuals with similar personality traits and he relates it to work environment (Brown, Brooks, & Associates, 1984).

6. **Self-Concept**, changing thoughts and interests is a concept developed by Krumboltz (Yost, 1987).

Regardless of the vocational theory used as a theoretical base, the goal is to guide consumers towards realistic decisions. With appropriate vocational guidance, consumers will make decisions based on information he/she learns about him/her self and the local labor market.

PSYCHOMETRIC TESTS IN CAREER GUIDANCE

Historically, guidance has made significant use of psychometric (paper-pencil) tests. The most commonly used tests in career guidance are interest and aptitude.

Interest Inventories

There are a variety of interest inventories available including the Kuder; the Strong Campbell that is related to the Pathfinder career decision making system using interactive video; the Ohio Vocational Interest Inventory that is based on the cubistic model of data, people, and

things of the Dictionary of Occupational Titles; and the Vocational Preference Inventory by Holland.

There is a growing emphasis on the provision of services to consumers who are culturally different. This would include the growing Hispanic, Asian, and Eastern European populations in the United States. Cultural differences and language differences must be taken into consideration when choosing a particular instrument. Some tests are available in languages other than English, while others are not. As with all test data, it is important to look at the norming data to insure appropriateness for individual disabilities groups.

The information learned through the interest tests must be translated into occupational information in order to relate what consumers know to what is needed in the world of work. The role of the tests is to help the consumer focus on specific aspects throughout the guidance process. For example, if consumers do not like to perform repetitive tasks, a job on an assembly line or at one work station with no variety would not be an appropriate vocational choice.

There are other ways to identify interests besides formal testing. One way is to look at the leisure activities consumers choose such as reading alone or talking with a group. By reviewing how consumers spend leisure time, a picture is developed about what the consumers enjoy. The consumers are encouraged to do a self-analysis, to look at what they enjoy and how they prefer to spend their time.

Another way of organizing interests or preferences is by looking at the categories of data, ideas, people, or things (Yost, 1987).

1. **Data**: impersonal--processing of information such as recording or organizing facts

2. **Ideas**: intrapersonal--discovering or working with abstract things

3. **People**: interpersonal--helping, serving, persuading, producing a change in human beings

4. **Things**: nonpersonal processes--machines, tools

By organizing interests along these lines, at a later time these interests can be related to occupational groups or families.

Holland's (1985) theory dealing with personality and work environments is used in a self-directed search. The search helps consumers learn about themselves and how they fit into the world of work. He works on the premise that people can be classified into six different groups: realistic, investigative, artistic, social, enterprising, and conventional. The inventory categorizes consumers into these groups using three letters; the first letter represents the category that most closely describes the consumer, the second one a little less, and the third even less than the first two. The categories not included in the code are types not similar to the consumer. After completing the self-directed search, the consumer reviews the six types of occupations and the

description of personality types which apply to each.

Realistic (R) like realistic jobs, have mechanical abilities, and may lack social skills. They are described as conforming, modest, shy, practical, and persistent.

Investigative (I) like investigative jobs, has mathematical and scientific ability but often lacks leadership ability. They are described as analytical, independent, rational, and methodical.

Artistic (A) like artistic jobs like composing. They have artistic skills but often lack clerical skills. They are described as disorderly, idealistic, imaginative, intuitive, and nonconforming.

Social (S) like social jobs and have social skills and talents but lack mechanical and scientific ability. They may be convincing, helpful, kind, sympathetic, and understanding.

Enterprising (E) like enterprising jobs and have leadership and speaking abilities but lack scientific ability. They are adventurous, ambitious, extroverted, and self-confident.

Conventional (C) like conventional or traditional jobs and have clerical and arithmetic ability but often lack artistic abilities.

The system uses a hexagonal shape to show the location of the job types and has scores to show the consumer's type. For example, if a consumer scored high as a social person, this system predicts that the consumer would fit into social occupations. Because realistic is opposite social on the hexagon, it is felt that a social person would fit less well in a realistic job. This system deals with the compatibility and fit of individuals with jobs (Holland, 1985).

Aptitude Tests

Aptitude tests are another method used to determine a consumer's job potential. Scores on aptitude tests emphasis potential. Different people possess different abilities and skills. Everyone has strengths and weaknesses, and it is important to find out what these are in order to capitalize on strengths, special talents, and abilities. There are certain basic abilities that most aptitude tests attempt to measure:

Verbal comprehension: the ability to understand the meaning of words and ideas expressed in words.

Reasoning: the ability to solve problems logically and see the relationship between things or ideas.

Numerical ability: the ability to work with numbers.

Spatial relationships: the ability to imagine how to construct an object and how

the completed object goes together.

Mechanical comprehension: the ability to understand mechanical relationships.

Aptitude tests may predict success in some occupations and training programs. The tests used may measure scholastic aptitude, speed and accuracy, manual dexterity, mechanical reasoning, and spatial relationships. There are many tests including the Differential Aptitude Test (DAT), the General Aptitude Test Battery (GATB), and the Armed Services Vocational Aptitude Battery (ASVAB) that can help define a person's potential success in an area. For example, the DAT examines aptitudes considered necessary for success in a specific occupational group. After the test is administered and scored, the consumer is given a DAT scale rating. The occupational groups list the types of scores needed to be successful in a specific group. This provides focus and an understanding of what types of aptitudes are needed for certain jobs. Consumers may be interested in a job and believe they have the abilities and aptitudes to learn the work. They then need to consider their specific circumstances and whether disability would cause difficulties for them in performing the essential job duties (Walsh & Osipow, 1988).

As with all testing, aptitude testing is best used with awareness of its appropriateness in regard to cultural and/or disability factors. In addition, one must always be aware that all tests have difficulty accurately predicting a specific individual's success or failure on a job.

Case Example

> Mark has a head injury from an accident. He would like to work as a mail sorter and has always had an interest in working in the post office. He had completed test batteries and learned that he has problems with numbers, reasoning, and getting along with people. The job of mail sorter requires the ability to work with, remember, and organize numbers. Before the accident Mark was a whiz with numbers but now, because of his disability, he cannot perform this function, which is essential. Other, more realistic job areas are being considered and investigated.

COMPUTER-ASSISTED GUIDANCE PROGRAMS

There are also computer-assisted guidance programs such as SIGI, COIN, DISCOVER, and Choices™ CT (Walsh & Osipow, 1988). The advantages of these programs are immediate feedback for the consumer and the ability to change input variables that will, in turn, change the vocational list generated. They also can provide interaction between the consumer and the counselor. However, they cannot be administered to a group, and some systems are not user friendly thus intimidating consumers (Herr & Cramer, 1988). When the counselor is an information giver, and the consumer and counselor are working together on the programs, most of these problems can be alleviated. The advantage to these systems is the tangible information provided. It is important that the counselor ensures that the information obtained is accurate and appropriate.

System of Interactive Guidance Information (SIGI)

SIGI was developed in 1976 and defines occupational and educational objectives. There are six general areas used to gather occupational information including definitions and descriptions, education and training, income, personal satisfactions, conditions of work, and job opportunities or outlook. It summarizes information and predicts the success of consumers in selected occupations. This system is based on self-assessment information entered by the consumer. Another option of the system examines the occupational skills necessary for specific careers. The system allows the consumer to compare three occupations simultaneously and assists in making decisions (Walsh & Osipow, 1988).

COIN

COIN is a computerized occupational system developed by Bell & Howell. In this system, the more criteria is defined, the more occupations are deleted. For each criterion entered, potential jobs are eliminated. From the resulting list, consumers can obtain more specific information regarding the chosen occupations and the education needed to enter these fields. This information is delivered in three systems: microfiche, microcomputers, and interactive computers (Walsh & Osipow, 1988).

DISCOVER

DISCOVER is a computer-assisted career program published by the American College Testing Program. It provides self-assessment and occupational and educational information. This system contains four modules: Learning about Yourself, Searching for Occupations, Learning about Occupations, and Educational Information.

DISCOVER uses the interest inventory, the Uniact, and presents the information on a World of Work Map. The scores from can be entered from various interest and aptitude tests such as Kuder, GATB, ASVAB, and the DAT. Users can obtain in-depth information regarding jobs.

Choices™ CT

Choices™ CT (career transition) is a computerized discovery system for occupational information and career exploration. This tool is used by counselors to provide consumers information to assist them to learn about themselves and their preferences in relation to occupational information. The counselor enters consumer information and generates a list of occupations that meet criteria stipulated by the consumer. The information includes the kinds of activities the consumers feel they can do well, preferred job responsibilities, types of working relationships, working conditions, and educational goals. Consumer information can be deleted in order to generate other lists.

Case Example

Lenny is fifty-five years old and has a high school education. He feels that he has some mechanical ability although he has never worked in an occupation

requiring this ability. Lenny owns a salvage business and employs one individual. Lenny had a heart attack that damaged his heart, and he is on restricted activity. He was told to not return to employment involving heavy lifting or pulling and to work indoors. These were permanent restrictions. His salvage business required driving, lifting the barrels onto the truck, and dumping the contents into a larger container at another location. It is extremely heavy work as many barrels weigh several hundred pounds. The work is performed in all types of weather and much of the work is outside work.

Lenny is now looking at options using the Choices™ CT program. He has provided information about what he would like in a job and has deleted factors he cannot handle (heavy lifting and working in extreme heat or cold). He is willing to consider additional training if needed. If Lenny decides on an occupation that requires extensive training, at this point counseling will be provided to review life style, values, and how the training fits into his scheme of life.

Each computer-assisted program has good points and drawbacks. Some programs are available to the vocational rehabilitation counselor while others are not. Regardless, each program is very detailed and can prove useful in guiding an individual consumer. To illustrate the details offered, one program, Choices™ CT, has been chosen.

The Choices™ CT system generates a list of potential occupations for consumers based on self-assessment. The routes available to generate the occupations are Explore, Specific, Compare, and Related. Explore is the area used to explore jobs and input variables included in looking for occupations. Specific provides detailed information on occupations. Compare looks at the characteristics of two occupations at the same time. Related gives the occupations that have similar characteristics to an occupation specified (Careerware, 1992). The advantage of this system is that it was designed for interaction between the counselor and the consumer (Walsh & Osipow, 1988). Although there is a booklet with questions for the consumer to complete, often the paper and pencil portion is not used; rather the counselor and consumer discuss the components desired, and the counselor inputs the information into the computer while the components are being discussed so the consumer can see how the variables affect the occupation list being created.

The Choices™ CT computer-assisted program is based on the Holland codes and it helps to find occupations that include variables that consumers feel are important and that interest them. Thirteen topics are available and include different variables of occupations. The consumer answers the questions about the topics or variables they want to include in their search:

1. **Education**. The amount of education earned with choices ranging from up to 10th or 11th grade to professional or graduate degrees.

2. **Work Site**. The desire to work inside or outside.

3. **Physical Demands**. The amount of physical strength needed each day to

perform a job with choices ranging from sedentary, less than 10 pounds, to very heavy work, more than 50 pounds.

4. **Temperaments**. Personal qualities including many changing duties to meeting strict demands. There are ten different temperaments included and two are chosen.

5. **Earnings**. The amount of earnings desired from $9,000/yr to $50,000 and above.

6. **Aptitudes**. This is used only if there are scores available from an aptitude test battery. If scores are not available this part is skipped. The scores reflect how quickly and how easily people learn.

7. **Interests**. These are likes and dislikes ranging from things, numbers, or objects to working and producing things. The interests are listed in pairs and the instructions state a person should avoid rating both of the parts as strong like or dislike.

8. **Future Outlook**. Job prediction. It is suggested that stable jobs or jobs showing increasing demand be chosen.

9. **Holland Types**. One or two Holland types are recorded (see page 70).

10. **Fields of Work**. In this area, fields to avoid are chosen. The fields range from administrators to military and reflect a broad range of work groups.

11. **Physical Activities**. In this field, the consumers select the physical activities they feel they are unable to perform. This will eliminate jobs which include the physical activities a consumer is unable or unwilling to perform. The selections include lifting; carrying; pushing; pulling; climbing or balancing; stooping; kneeling; sitting for long periods of time; standing for long periods of time; using hands, arms or fingers; speaking; hearing; seeing; walking; running; and seeing color differences.

12. **Hours of Work**. In this area, factors not to be included are listed. It will eliminate any jobs including unwanted factors such as rotating shift work, or overnight travel.

13. **Environment**. This refers to the physical environment of work and includes extreme cold, extreme heat, damp or wet, noise, risk of injury, dust fumes, and odors. The factors chosen will be listed and any jobs requiring these factors will be deleted.

The computer sorts occupations into twelve career areas. This gives further information in the chosen career areas. If additional information is requested about jobs, a printout can be done on specific areas (Careerware, 1992).

GATHERING OCCUPATIONAL INFORMATION

There are a variety of ways to gather information regarding jobs. Many consumers have inaccurate, insufficient, or stereotyped information regarding work and work settings. They do not know what jobs involve and they don't know job requirements.

Consumers may know their interests and limitations with respect to their disabilities. However, they may have difficulty translating this information into potential work or actual job situations. Many do not know much about work and have not had many work experiences. Often a job sounds interesting until the specifics of the job are identified. It is therefore imperative that consumers learn about vocations and what is actually involved in working so that realistic decisions can be made.

When exploring information about work, the consumer needs to know the nature of the work, the essential job tasks involved, and the principal duties required to perform, with or without accommodation. The consumer needs information about special qualifications such as certification, licenses, or any other special training. He/she needs to know if a civil service test is required, what aptitudes are needed, and what are the working conditions of the job. When these factors are known, the consumer can better determine if the position is a realistic choice.

The job market is always churning. New careers appear and others become obsolete. Awareness of these trends in careers is gained from reading professional journals, and newspapers and from discussions with employers.

Personal Contacts

One excellent way to learn about jobs is to talk with people who are employed in the job under consideration. The consumer should talk with people employed to find out what they actually do on the job, what the working hours are, what type of education is needed to enter the field, and what the employee likes and/or dislikes about the job. This is an excellent method of learning about potential openings and gives the consumer an edge in the search for jobs. The consumer becomes known to a potential employer and will gain accurate information regarding the position, including the negative aspects of a job that are not normally learned during a job interview.

Case Example

> George is a twenty-eight year old male who has emotional problems and a back problem. He had worked as a mechanic in the past but can't return to this job. He likes to work with his hands and has mechanical ability. He never worked in any other field and has no knowledge of other occupations. Interest and aptitude test batteries scores as well as an IQ test were reviewed with him. He decided to look for a vocation which would not aggravate his back and in which he would not have to deal with people directly. He decided to explore drafting and was directed to one of the local technical schools. He thought the work would appeal to him and he could use his mechanical abilities.

The staff at the school was interested in his applying for drafting. He was assured of success in performing the work and was told of the numerous opportunities for work after completion of the program. George had never talked to a draftsperson and during the guidance process was encouraged to talk with employers. He was asked to find out if they felt the training was adequate and also to learn about the work involved in performing the job. George found the job was not what he expected and the growth rate in the local area was poor. He learned that graduates were not being hired in drafting and that most of the work was computer aided drafting, not board drafting. When he learned what was actually involved in the work he decided this was not the job for him and the career exploration was continued. George was not willing to consider relocation to another geographical area; other possible options were evaluated.

Shadowing

Shadowing is a method of learning about a job by spending time with a person who is working in the career. The consumer requests permission to spend time observing what the job involves and to experience the work for a day. The consumer has the opportunity to ask questions, to experience the job, and to evaluate whether he/she would like the job. The consumer has the opportunity to see if he/she have the ability to perform the essential job functions with or without accommodation. In short, he/she gains first-hand knowledge of the job.

Case Example

Sean is a high school student interested in pursuing a career in architecture. He participated in a program where he chose to observe an architect employed by the city, the Director of the Office of Housing Rehabilitation. Sean met the director at his office, and the director briefly explained what the job involved. He explained that vacant houses are purchased by the city. His office decides which houses to rehabilitated, when to start, and the completion time. They determine changes needed to make the house habitable and structurally safe, then sell the house to a contractor for one dollar. The contractor rehabilitates the house and sells it to a low-income family.

Sean and the architect reviewed the blueprints of several houses and then visited a house that was in the process of being reconstructed. The director needed to see that the construction was progressing as planned. They also visited a house that needed paint. The director was checking the work which was completed before payment was made to the local painter. Sean had the opportunity to ask questions, learn about administrative duties, and see how much paperwork was involved. He felt the job was of interest to him and will pursue his career plans.

Career Days

During career days, consumers have an opportunity to ask questions about various careers

and talk with representatives from different fields. Hospitals offer health career days and provide information from employers regarding the work and the entry educational requirements. Career conferences provide information in order to compare careers. A conference affords consumers an opportunity to compare many careers in a short period of time. However, a person may be attracted to an occupation because the representative provided only a positive view and was personable. The consumer should understand this natural tendency and ask about the negative job aspects. The advantage of career days is the opportunity to ask about or investigate options not previously considered (Reardon, Burck, & Cottingham, 1975).

Work or Volunteer Experience

The consumer can learn about a job by working in the job area. Included are seasonal, part-time, and full-time work experience. By working in the field, the consumer gains an understanding of the job. Another way of learning about the work is through an apprenticeship program. Experience and information also can be gathered by working as a volunteer such as a junior aide in a hospital or a Red Cross volunteer. Both volunteer and temporary work can provide useful personal references for future resumes.

Libraries

Libraries are a source of career information. The consumer can find information listed under the topics of vocations or under the specific job titles of the jobs being researched. The periodical section of the library may have copies of a company's annual report and copies of trade magazines. Consumers can read these to learn more about a company.

Career Centers. Career centers are special areas in libraries devoted to career and occupational information. Consumers can find information and read about occupations. Many of the centers located in high schools, junior colleges, and universities are available for use by the public.

Professional Journals and Societies. Another source of information are trade magazines and professional journals. Junior colleges and universities often have sizable collections of professional journals.

Chronicle Occupational Guide

The Chronicle Occupational Guide is a print source given to consumers who have decided to learn more about a specific occupation. It defines the job and explains the work performed, the education and training required, personal qualifications needed, where the jobs are, the employment outlook, entry methods, advancement, and information on related occupations. It also lists other resources to contact for additional information (Chronicle Guidance Publications, 1993).

Occupational Outlook Handbook

The Occupational Outlook Handbook is a resource published by the U.S. Department of Labor, Bureau of Labor Statistics. It provides up-to-date career information including the nature

of the work, educational requirements, earnings, conditions of work, and employment outlook (Chapman, 1976). This federal publication is revised every two years to provide current job information. It describes about 250 occupations in detail and gives the most attention to occupations that require education or training. It also provides summary information for jobs not discussed in detail. It supplies information regarding related occupations and where to find further information.

The Handbook includes the Dictionary of Occupational Titles (DOT) numbers for jobs. The DOT numbers classify occupations by type of work, required training, physical demands, and working conditions, whereas the Handbook describes occupations and gives specific information using the same format for each so that jobs are easily compared. The Handbook provides the following further information.

Nature of Work: Explains what workers do, tools and equipment used, how closely they are supervised, the end product, and how much variety is in the daily routine. Technological innovations that are changing how and what workers do is explained and emerging specialties are described. Responsibilities in the same occupations vary by employer, size of business, and the industry in which they are located. In a smaller firm, the worker often performs a wider range of duties.

Working Conditions: Describes the working hours, physical environment, amount of risk, the protective clothing, and safety equipment worn. It explains various hours from regular business hours, 40-hour week, to night and weekend work. It portrays conditions such as working in an office or in a dirty, noisy environment. It lists if the jobs require outside work or travel.

Employment: Reports the number of jobs in the occupation in 1990 and in which industries the jobs were located. It describes whether jobs were part-time, temporary, or whether individuals were self-employed.

Training, Other Qualifications, and Advancement: Explains training needed ranging from high school training to apprenticeships, government training, on-the-job training, and informal training. It explains what is needed and the type of training preferred by employers. In entry-level jobs that are described there may be no formal education requirements but there is the need for general skills such as reading, writing, and the ability to communicate thoughts and ideas. It explains aptitudes such as manual dexterity, patience, or if the ability to work independently is a job asset. It also reports whether an exam, certification, or license is needed, and it lists advancement possibilities.

Job Outlook: Identifies factors that will affect the employment through the year 2005. Factors considered are technology, population shifts, changing business practices, and defense spending. Projections are based on a reasonable assumption of how it is anticipated change will occur. The predictions are devised by the Bureau of Labor Statistics. It lists whether a job is easy to obtain or if the competition is keen. There are key phrases used such as "Grows much faster than the average." This means employment is projected to increase by 35 percent.

Earnings: Describes how much the workers are generally paid. In addition to the actual

dollar amount earned, the usual paid benefits, such as vacation and health benefits, are outlined.

Related Occupation: Lists other occupations that usually involve similar aptitudes, interests, education, and training. This is a source of information for the consumer to review in order to consider other employment options.

Sources of Additional Information: Lists the names and addresses of associations, government agencies, and unions for the occupation.

The Occupational Outlook Handbook also gives information regarding how to find job openings and tips on interviewing and resume writing. There is also a section listing the names and addresses of state and local agencies who can provide job information. This information is available through the state employment and social security agencies and the State Occupational Information Coordinating Committees (SOICC) (U.S. Department of Labor, 1992).

Most counselors have access to the Dictionary of Occupational Titles, the Occupational Outlook Handbook, and the Guide for Occupational Exploration. Unfortunately, many counselors do not use these tools because they have never received instruction on how to access the information or how to use the resources. However, when counselors understand how to use the guides, they find them to be valuable sources of information.

Case Example

> Jim is interested in a career in the health care field. He has completed the self-analysis and has an understanding of his interests, abilities, and his disability. He was involved in a serious car accident and had numerous compound fractures and severe injuries requiring skin grafts. He also had a severe brachial plexus injury which limits his functions. He received guidance, reviewed the information in the Occupational Outlook Handbook, contacted the organizations listed, and talked with people working in the health care field. He had originally planned to be a physical education teacher, but after the accident he realized he could not perform the duties required. He and his counselor looked at choices, descriptions of job duties and requirements, and other jobs that met the requirements he felt were important. He decided to pursue a career in the health care field as a health service manager. The information in the Occupational Outlook Handbook confirmed his plan. There is significant growth predicted. He feels comfortable with his choice.

The Dictionary of Occupational Titles

The Dictionary of Occupational Titles (DOT) is published by the U.S. Department of Labor. The DOT provides information about (a) occupations in today's labor market, (b) specific job duties, (c) the level of education required, (d) jobs grouped into occupations based on their similarities, and (e) the content of the jobs. The term "occupation" as used in the DOT is a collective description of a number of individual jobs performed (U.S. Department of Labor, 1991). The occupational definition has seven basic parts. They are in the same order in every definition.

1. The occupational code number
2. The occupational title
3. The industry designation
4. Alternate titles
5. The body of the definition
    a. Lead statement
    b. Task element statements
    c. "May" items
6. Undefined related titles
7. Definition trailer

The DOT code is a nine-digit number with the first three digits identifying a particular occupational group. The first digit breaks occupation into nine groups. These nine groups are broken into 83 specific divisions related to occupation categories.

Example. 638.281-042 is the DOT code number for Maintenance Machinist (Machine Shop). The first digit (6) indicates this particular occupation is found in the category "Machine Trades Occupations." The second digit (3) combined with the first digit (6) is 63. This is the division within the category and is Mechanics and Machinery Repairers. The third digit (8) defines the occupational group within the division. This particular one is listed as Miscellaneous Occupations in Machine Installation and Repair.

The middle three digits of the code number are the worker function rating. This is related to Data, People, and Things. The lower the number the more complex the task is. In the example, the worker has a Data of 2-analyzing, a People of 8-taking instructions-helping, and a Things of 1-precision working. The last three digits differentiate an occupation from others. A number of occupations may have the same first six digits but no two can have the same nine digits.

In Appendix B of the DOT, 1991, the explanation of the worker functions is given. The Dictionary of Occupational Titles is based on the idea that every job requires a worker to relate in some way to data, people, and things. The way in which they are combined determines the differences in jobs. In the DOT, Data, People, and Things are defined as follows:

Data. Information or concepts obtained from observing or interpretation. Data is intangible and includes numbers, words, symbols, and concepts. This is translated into a function such as computing.

People. Dealings with humans and animals as if they were human. It involves negotiating or supervising.

Things. Inanimate objects, tools and tangible items. This is translated into a function such as manipulate or handle.

Other sections of the DOT that are useful for guidance activities include codes for each job title that identify (a) physical strengths, (b) general educational development, (c) specific vocational preparation, and (d) date of last update of information.

Careful reading of the first portion of the DOT will explain how to use the material in these reference books. In addition, there are self-study guides on the DOT and DOT-related materials available from the Materials Development Center, University of Wisconsin-Stout, Menomonie, Wisconsin.

The Guide for Occupational Exploration

The Guide for Occupational Exploration (GOE) is developed by the U.S. Department of Labor for use in guidance. One of its objectives is to assist consumers in developing a realistic picture of themselves and occupations. By comparing the information listed in the GOE to the consumers' interests and aptitudes and limitations, the consumers can determine if the occupations are realistic and if there is a "fit" between them and the jobs requirements.

The guide is divided into twelve interest areas, sixty-six work groups, and three hundred and forty-eight subgroups. Within each interest area are work groups with descriptions of the work and a listing of jobs. The jobs within a group all require the same abilities and capabilities and the same general type of work. There are then subgroups to distinguish among jobs. The type of work performed, requirements including skills and abilities, clues about what the work involves, and questions for the consumer to answer to see if the job matches interests are included in the subgroup description. The GOE also lists the type of preparation needed to work in the field in an entry level position.

The GOE is used to provide information about an overview of work, an understanding of an occupation, and a way of looking at realistic goals. One method of use is to identify an area in which a consumer has expressed an interest. Then look at the work groups that most closely relate to the interests, skills, abilities, aptitudes, education, and physical abilities of the consumer in order to determine which occupations to consider.

Case Example

> Linda is a thirty-five year old consumer who has a history of drug and alcohol abuse (in remission) and a back injury. She has never worked in a job for very long but has had several jobs in the past. She is also depressed and is involved in psychotherapy. Interests and abilities were evaluated through self-analysis and testing. She likes working with people and feels it is important for her to help others. She feels she has insight and can help others who have abused alcohol and wanted to become a substance abuse counselor. However, the several years

of required education were more than she could afford.

She has worked as a spray painter and in a group home setting working with mentally retarded adults. She physically cannot do either job. She has also had problems relating to authority and is sensitive to criticism.

Linda has above average intelligence but never applied herself in school and earned only average grades. She contacted individuals in various types of work, and a career search was completed using DISCOVER and CHOICES. She chose several possible occupations and then researched these occupations. She decided to look at the lab technician occupation.

Review of the laboratory technology section in the Guide for Occupational Exploration gave a description of the type of work involved and skills needed. After reviewing the information, Linda decided to look at other related jobs such as ultrasound technologist, medical service. She read the DOT description and realized there were aspects of the job which did not appeal to her. Next she looked at echocardiograph technician as a possibility. In the Guide for Occupational Exploration it is listed under child and adult care 10.03. She felt the description of this job more closely matched her skills, abilities, and interests. The kind of training required appealed to her, and she feels she can financially and emotionally handle it. She will contact the hospitals in the area to check job opportunities.

Local Labor Market Information

Most states are members of a national network of state occupational information coordinating committees, and therefore local labor market information is available to counselors and consumers.

Realistic Assessment of Vocational Experiences (RAVE) is a computer program available to access local labor market information. The program is based on occupational data gathered by the U.S. Department of Labor. A part of the data base is the Dictionary of Occupational Titles. Another part includes job characteristics such as aptitudes, working conditions, temperaments, physical requirements, materials, products, and services. This type of data can be referred to as Worker Trait information. RAVE is used to get ideas about where to start looking at potential jobs, to sort through occupations, and to look at the traits required in specific occupations. The computer program has the capacity to compile a list of occupations based on the consumers' abilities. One aspect of the program is an employer search that provides a list of employers in industries related to chosen occupations. It considers transferrable job skills consumers have and identifies a list of appropriate alternative occupations (American College Testing, 1992).

The occupational information system is another method of accessing local labor market information. This information is provided by the Occupational Information Coordinating Committee and includes extensive state and local labor market information. Included is the projected demand for workers and the current supply of trained graduates. It provides

information on the educational requirements of a job as well as expected wages for occupations. A helpful feature is a directory of employers in various industries in specified geographical areas that can be used in locating local employment opportunities. If consumers are interested in locating the employers in a specific area who hire individuals, this information is available. The information is useful because it shows the trends and hiring practices for a local area. This is an effective tool to use in guiding a consumer to options and opportunities (Pennsylvania Occupational Information System, 1991).

JOB SEARCH

Selecting a career is one of the most important decisions an individual makes. It is therefore important for individuals to develop the skills and abilities necessary to pursue the career in order to present their qualifications to potential employers.

Some persons with disabilities have significant educational qualifications and skills but cannot communicate this to others. They may also have job-seeking deficiencies. Like most Americans, they may periodically change careers or may become interested in pursuing other employment options. Instead of relying on selective placement by a counselor, these consumers need to learn effective job-seeking techniques--techniques they can apply, if necessary, several times in the future.

In order for consumers to find jobs, they need to conduct a thorough job search. They need to know their abilities, the labor market, and how they fit into the local job market. The job search involves looking for jobs, completing applications, developing resumes, and interviewing for positions.

If a consumer has no vocational goals, interest tests may be an effective method of exploring vocational ideas and, thus, focus the vocational plan. Another idea is to look at leisure activities and to consider what the consumer feels are strengths. These ideas and attributes are translated into vocational options for further study and research to rule out certain careers and to consider others. The computerized-assisted search is used to input information about employment that the consumer wants to consider. The variables are prioritized and are changed if the consumer desires. A list of potential occupations is acquired, and the requirements of these vocations are further researched in the Dictionary of Occupational Titles, the Occupational Outlook Handbook, and the Guide for Occupational Exploration.

Some consumers have vague vocational goals and have transferable job skills from prior work experience. These consumers are encouraged to research potential careers through the use of the Dictionary of Occupational Titles, the Guide for Occupational Exploration, and the Occupational Outlook Handbook. Consumers should consider whether they have the necessary qualifications to pursue a chosen career. They can then interview people working in the occupation to learn what the individuals like or don't like about the job. If the consumers feel the occupation is appropriate, they can then determine the training or education needed and work toward the goal.

Some consumers may know they want to work for a specific company (possibly the only

large employer in the area). If so, a different approach to career guidance is required. The consumer is directed to learn about the kinds of positions in the company. The consumers may be interested in one or more of the positions identified. Then the consumers should talk with the employer to learn about the qualifications and training needed for the position. In some cases the positions may require a civil service test, certification, or licensure. If the consumers learn what qualifications are needed, they can then decide whether they are interested in pursuing this option.

If consumers are interested in positions that require an apprenticeship program, they can contact the employer to request an interview and can possibly be hired as an apprentice. It is found that employers often hire apprentices full-time after the apprenticeship program is completed.

Some positions (for example, in the federal government, state government, and the postal service) require that potential employees pass a civil service test or other examination before they can be hired. Many state civil service commissions have a list of the agencies hiring employees in entry-level professional positions. The civil service commission would be a source of information regarding: (a) job titles and classifications of the positions, (b) where the positions are located, (c) how many positions are available, and (d) the educational requirements that must be completed in order to take the civil service test. The civil service commission publishes a list of open examinations on a monthly basis.

FINDING A JOB

An important part of guidance is assisting in the job search. Consumers rarely understand the mechanics involved in looking for work. Sometimes finding a job is being in the right place at the right time and in other cases it depends on whom you know.

It is not uncommon for consumers to apply for fifteen jobs and receive only one response. When this occurs, the consumers often need encouragement to continue applying for jobs; the counselor can fill this role of "cheerleader." In cases such as these, consumers will need frequent contact with their counselor to keep their morale up. Without this support, it is easy for consumers to lose confidence and thus decrease their job-seeking activity.

A second option is to enroll the consumer in a job-finding support group that meets two or more times per week. There, consumers gain confidence in themselves and their capabilities. They learn that others are also experiencing difficulty finding a job, and to continue applying. They may also learn that subtle changes might help in their job-seeking style.

Consumers need to know what types of jobs they want and how to get the jobs. One of the best ways to locate jobs in the "hidden" job market is to network (Farr, 1992). Many jobs are never advertised because they are filled by other methods, usually by a referral made to the employer by a current employee or friend. Employers would rather hire someone who is recommended to them as opposed to advertising in a newspaper. An excellent technique a job seeker can use is to talk with employed people to see if they know of any openings. They may also know of someone else who might be aware of an opening. Talking with people and making

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contacts often results in meeting other people who are in a position to hire. The pie-shaped chart (Figure VI-1) below shows that 63.4 percent of job seekers find jobs through an informal job search and the remainder find jobs through want ads, agencies, and others sources (U.S. Department of Labor, Bulletin 1886).

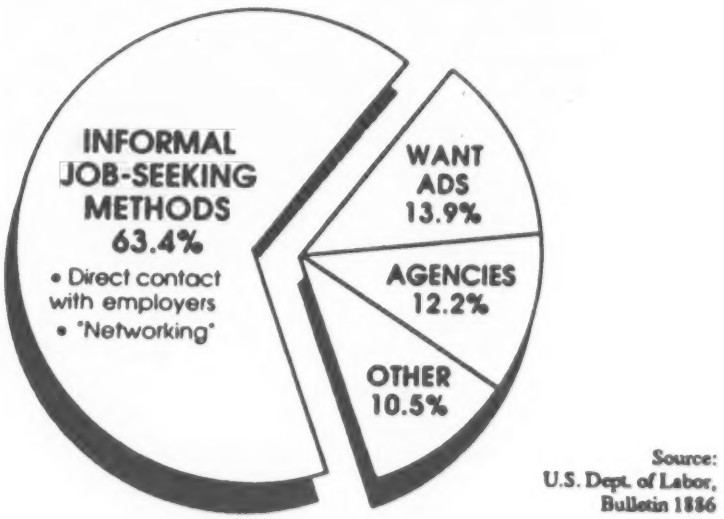

Figure VI-1
TRADITIONAL VERSUS INFORMAL JOB SEARCH METHODS

A consumer may be looking for a specific type of job such as accounting. It is helpful for the consumer to realize that the job may not be listed as accounting but may be listed as bookkeeper or comptroller. By being aware of alternate job titles, consumers can conduct a broader search of the want ads.

Another job search technique is to check the yellow pages of the local phone book or of commercial telephone books. Review of the listings by types of industries helps in targeting the job search. In some cases (e.g., janitorial) a consumer's job skills will cut across industries. The consumer can consider whether or not his/her skills are used by the organization listed. If the consumer feels the organizations can use skills his/her possesses, he/she then must decide if he/she would like working for that particular organization. The consumer can then contact the prospective employers to see if they would be willing to talk to him/her about their organization and potential openings (Farr, 1992).

Other sources of learning about job openings are at state employment offices, employment agencies, placement offices at school, libraries, community programs, Chamber of Commerce, professional associations, career centers, classified ads in newspapers, civil service announcements, and vocational rehabilitation offices. Individuals seeking work need encouragement to seek out all these potential sources of job leads. However, while doing that, they should also continue networking with friends and relatives.

If he/she decides to answer an ad in the newspaper, it is important for the consumer to answer the ad immediately. The consumer needs to keep a list of where he/she is applying and when he/she applied. By keeping a list, he/she will remember where he/she applied and the results of the inquiry. If a business is not accepting applications, the consumer is encouraged to send a resume for the company's file. It is also important for the consumer to check back with the potential employers to see if there are job openings and inquire when they anticipate hiring. Also, the consumer needs to inform the employer that he/she is interested in the job and wants to work. If an individual wants a specific job at a company, frequent contact will sometimes pay off. Even though a consumer is already employed elsewhere, a monthly contact with a specific more highly desired employer will often lead to the position sought. It is helpful for consumers to have a personal data sheet with them when inquiring about a job opening in case they are given an opportunity to complete an application.

Important Job Search Documents

Personal Data Sheet. Many job applications require the same basic information, and it is easy to have it readily available on a personal data sheet. This information includes the consumer's name, address, and phone number; the position for which he/she is applying; work history, including the name and address of the employer, dates worked, salary, and reason for leaving; education, including degrees earned and any special certifications or licenses; and three references, including the name, address, and phone numbers so the employers can contact the references. It is essential to have the correct spelling of names. Also, the social security number and driver's license number are included so they are available if needed. All of this information will fit on a 3" x 5" index card and can be carried in a billfold or purse.

Job Application. The consumer needs to know how to complete job applications. The consumer needs to read and follow directions, fill in all the blanks, and spell words correctly. Consumers do not need to disclose any information about a disabling condition when completing a job application

Most likely the prospective employers will contact the references for information about the applicant and for a recommendation about the applicant's ability to work in the chosen area. The references may also provide information regarding the applicant's character. It is essential that a consumer ask permission from prospective references to use them as references. This courtesy also prepares the reference person to expect a call from prospective employers.

Some consumers feel anyone who knows them is an appropriate reference. They do not realize that individuals in responsible positions are better reference choices than neighbors and friends. References are frequently asked to provide insight into the consumers' work behavior and work ethic. Therefore, the references selected should be individuals whose opinions are valued and who can provide pertinent information regarding the consumers. For example, if a consumer is interested in a position as a counselor at a religious camp, an appropriate reference would be the consumer's pastor.

Resume. A resume summarizes the consumer's qualifications and employment history. Included is the consumer's education, personal information, and references. Many times when a company is advertising for a job opening they will require that a resume be sent to a box

number or to the company. The human resources department will sort the resumes to decide which individuals to contact for an interview. A resume is also required for many managerial and professional positions. The resume is frequently the first contact the employer has with the consumer. Consequently, it is important that it is professional in appearance.

Some resumes group the skills an applicant possesses and then list experiences where these skills were acquired. The body of the more traditional resume contains a reverse chronological listing of employment experiences. Consumers need to be encouraged to also list any volunteer experience they have had that may qualify them for positions.

Cover Letter. A cover letter should accompany the resume. The cover letter should briefly explain the reason why the consumer is applying for the position and why he/she should be considered for the position.

Case Example

Mary is a consumer receiving services from the vocational rehabilitation agency. She has limited work experience and has no idea how to look for a job. She has been receiving guidance. She has learned about her interests and abilities and knows the type of work she would like to consider. She is twenty-one years old and has a driver's license. When job-seeking skills were discussed, Mary had no idea how to look for work but was motivated to find employment.

Case Note 11/15/93

Mary wants work in a child care center in the local area. Using the phone book, she developed a list of child care agencies and facilities. Told to also contact larger companies which have in-house child care facilities. A resume along with a consumer information sheet was developed which she took with her when applying for jobs. Although she did not have much work experience she did baby-sit for several families and they were willing to give her recommendations.

Mary brought in a practice job application and we went over it looking to improve its appearance. Pointed out the directions said to print using a pen. Next discussed appropriate dress when applying for jobs. She felt it did not matter what she wore because she was not going for an interview, but only to complete an application. Told that often the employers will use the application request procedure as a screening mechanism and she should dress as though interviewing for the position. (Status 20)

Case Note 11/30/93

Mary had no success in finding a job and is discouraged. She is now aware that looking for a job is a full time job. She is also aware that applications need to be submitted and networking completed to let friends and relatives know she is looking for work. She has not contacted the placement office at school and has

not checked with past employers regarding openings.

When Mary began to look for work she was only applying at one place at a time. Reviewed the list of employers she made on 11/15/93 and has only contacted about a third so far. Suggested she lay these addresses on a map and apply at all of those in one area of town on one day and then move on. Mary says she will began using this systematic approach. She realizes that the search will take time and she needs to be persistent and needs to check back with employers regarding her status. (Status 20)

Case Note 12/15/93

Mary called and has a job. When she began to take an active role in her job search she learned about other opportunities. She checked back with the child care department at AETNA Insurance Company, was interviewed, and was hired. She begins work next monday at $5.50 per hour. She will receive health insurance and other benefits after completing a 90-day probationary period. Guidance was provided in status 02 through status 22, her present status. (Status 22)

THE JOB INTERVIEW

Consumers report that when they interview for jobs they feel they are about to be devoured, that potential employers are ready to pick them apart, and that employers are ready to pounce on them. There is fierce competition for jobs, and it is essential that consumers be informed of appropriate and effective interviewing skills. Consumers report they feel they are put on the defensive in an interview. The best defense for consumers is to know themselves, to know their skills and abilities, and to communicate this to the interviewer.

It is often helpful for job seekers to have mock interviews to gain confidence and experience. This is particularly true if the consumers have never had a job, have been unemployed for a long time, or have not interviewed for several years. The important outcome is for the consumers to feel comfortable with themselves and their abilities. They need to feel at ease with their disabilities. They need confidence to present a positive image to employers. The consumers are responsible for selling themselves and putting the employer at ease with any visible disabilities. An employer can inquire about needed accommodation; however, it might be easier if the consumer with the disability discussed needed accommodation openly and mater-of-factly.

There are several items to keep in mind when interviewing: The applicant needs to prepare for the interview by learning about the company, by reviewing his/her qualifications for the job so he/she can sell him/herself, and by arriving on time for the interview. It is often helpful to locate the company the day before so that the consumer knows where to go for the interview and can arrive relaxed and confident. The consumer needs to prepare answers to questions that are frequently asked such as what are the consumer's strengths and weaknesses and why the consumer feels he/she would be an asset to the company. Have the individual list

all the job assets (skills, abilities, knowledges) that apply to the job he/she is seeking. Also, remind the job seeker to speak positively about past employers. If there was a problem in a past employment or if the consumer did not like the employer, encourage the consumer to speak only matter-of-factly about the former position.

Appearance. Appearance is extremely important. The interview is the time when the consumer is face-to-face with the employer and has an opportunity to sell him/herself. The consumer needs to make a positive first impression and needs to dress appropriately. The employer will be evaluating the consumer's poise, confidence, qualifications, and demeanor. If the consumer has demonstrated hygienic problems, the counselor should suggest washing and styling hair, and clothing washed and pressed. If the consumer chews gum or smokes, he/she should be reminded to do neither during the interview.

The Interview. It is helpful to conduct mock interviews with consumers who are ready for work. Give the consumer specific feedback--what was good and what could be improved. Negative feedback should always be followed by suggested improvements. For examples, if a consumer is looking at the floor and not directing attention to the interviewer, the consumer should be encouraged to maintain eye contact and look at the interviewer(s) when speaking or listening to them (Yost, 1987). During the interview, the consumer should be attentive, respond to questions asked but listen to the entire question before answering, maintain eye contact with the interviewer, and allow the interviewer to control the interview by leading the discussion (DeRidder, 1984). Help the consumer practice in the areas that were difficult. The consumer should be ready to ask questions about the job, for example, what tools will be used? What safety equipment should be brought to the job? What are the hours of work, including overtime?

Case Example

Pete is a consumer who had worked for a company in the position of machinist. He injured his back while on the job and did not work during a recovery period. He was released to return to light duty and the company had placed him in a mail sorting job. A short time later he was assigned toilet cleaning duties. Pete felt this position was demeaning and was not light duty. Pete felt the company did not try to find him a job which considered the lifting restrictions placed on him. He wanted to work but because of the situation within the company and their desire to terminate him, he left the company after receiving a worker's compensation settlement.

Pete received vocational guidance and decided he would like to continue working as a machinist. Initially, Pete was bitter and could not look at other options. When Pete left the company he was in severe pain. He received restoration services and can now realistically look at his disability and limitations. He has learned to accept the fact he will always have pain which is controlled by medication.

Case Note 11/5/93

Use of job net indicated machinist openings in companies making small

parts. Pete contacted the employers and gave them a copy of the resume we had developed. Pete had checked back with the employers regarding openings and one employer contacted him to come in for an interview.

Pete has several concerns and questions about the interview. Encouraged him to state what he can do in positive terms. For example, he has a lifting restriction of twenty-five pounds--suggested he tell the employer he can lift up to twenty-five pounds rather than stating he can't lift over twenty-five pounds.

Feels he can handle the job duties and wanted to know what to tell the employer about his back problem. Discussed the ADA and the fact that an employer may not ask him if he has a disability. However suggested it is his responsibility to inform the employer if there are aspects of the job he cannot handle and to suggest reasonable accommodation.

Another concern Pete has is with drug testing. He is taking prescription medication for his pain and he knows this will show up in a drug screen. I encouraged him to explain to the employer, in positive terms, that he is on medication which controls his pain and enables him to work and to inform the employer that he wanted him to know about it before the results of the drug screen were available.

Also discussed his feelings about his former employer. Pete feels he was given a "raw deal" by the company; suggested he should state his reason for leaving the company was because they had no appropriate position for him. I encouraged him to only answer what was asked and to be positive in his tone and words. We did mock interviews and Pete feels comfortable with the questions he may be asked. I had encouraged him to try to put his past experience behind him and to go forward.

Encouraged to quickly answer troublesome questions and then shift back to telling the employer about his skills, desire to work, and interest in the position for which he is applying. (Status 20)

One purpose of the interview is the opportunity for consumers to present and discuss their qualifications with employers. Since the passage of the American with Disabilities Act, the employer may not discriminate against the consumer because of a disability. An employer may not ask persons with disabilities if they have a disability and or anything else about the disability. However, they may ask applicants if they can perform the duties of a job with or without accommodation. The employer may also ask the applicants to describe or demonstrate how they would perform the job duties. These duties refer to the essential job duties. However, if a consumer is applying for a job and has a visible disability, the consumer should be encouraged to discuss accommodations with the employer. It is the responsibility of the employee to inform the employer that an accommodation is needed (EEOC Booklet 18, 1991).

At the conclusion of the interview, the consumer should thank the interviewer for the interview, and if physically possible, shake hands. The consumer should then send a follow up

letter thanking the employer for the interview and expressing interest in working for the company.

DOCUMENTATION OF GUIDANCE SERVICES

It is essential for guidance services to be documented to show the progress in the case and to demonstrate impact--the impact the guidance services have had on the consumers and on their vocational plans.

Guidance is an integral part of the case, and the guidance provided to consumers needs recording in the case file. If counselors are giving information to consumers and are directing them regarding referrals and vocational plans, it must be documented in the case. Otherwise, "it did not happen."

Documentation also assists supervisors in determining what services were provided and helps them answer questions if consumers call regarding specific issues. If a case is transferred to another counselor, it is helpful to have a guide or running record of what has been discussed, what careers the consumer has researched and considered, and what future plans or steps have been discussed.

Case Example

Case Note 11/15/93

Tom and I reviewed his past work history, the type of position desired, education, and the licenses and certificates completed. Given sample resumes as models and a resume was developed. Has contacted, as suggested, his references and was given permission to use them.

Tom will have the resume professionally printed and will send a copy to me. He will then send the resume and a cover letter to the companies we jointly targeted as potential employers. He will list the companies to which he sent resumes.

Tom and I will meet in two weeks to review his progress and discuss any responses he received from employers. In the meantime, will continue his job search and I encouraged him to contact me if he had any questions. (Status 20)

CONCLUSION

The provision of guidance in the rehabilitation process will result in consumers' learning about themselves, the labor market, and how they fit into the world of work. Guidance is provided throughout the rehabilitation process from Status 02 through Status 32 and is provided in conjunction with other services. Career guidance services are an integral part of the vocational rehabilitation process. Provision of appropriate guidance will result in consumers with disabilities finding and securing appropriate and realistic competitive employment.

Chapter VII

DOCUMENTATION

A discussion of guidance services and counseling in the rehabilitation process must include attention to the subject of documentation. It is acknowledged that most counselors only tolerate paperwork. Some might even say they hate it. Documentation would never be listed as the most satisfying aspect of vocational rehabilitation counseling. It is, however, probably one of the most important. "If it isn't in writing, it doesn't exist" is a cherished proverb of the vocational rehabilitation supervisor. Counselors need to know how much to document, when to document, and how to capture the essence of the guidance services and counseling process. The need to document without spending an inordinate amount of time doing the least satisfying aspect of the job is a problem not easily resolved by the vocational rehabilitation counselor. This chapter will explore these issues and offer suggestions to assist the counselor in making documentation a less formidable task.

WHY DOCUMENT?

The reasoning behind the issue of documentation is not difficult to accept for a rehabilitation professional. Virtually all professions carry requirements for documentation of activity, particularly medical and social work fields. Unless one is blessed with a phenomenal memory, recording the details of consumer/counselor contacts is necessary for survival. A written record is needed to keep the counselor on track and to avoid embarrassing memory lapses from previous sessions. The counselor can get away with "Summarize our last session from your perspective for me..." just so many times!

Furthermore, the rehabilitation process frequently involves multiple individuals who need to have access to the details and events taking place with a consumer, particularly the counselor's impressions of those events. Recording what is being done and why saves much repetition and trial and error on the part of everyone involved in the case.

Persons served over long time spans pose yet another problem. It is unrealistic to think that all consumers will begin and end the rehabilitation process with the same counselor. Services may stretch out for several years as agencies seek to more appropriately serve individuals who are very severely disabled. An accurate historic record of the critical decision making sessions is imperative to assure continuity. When a consumer says, "I wanted to be a computer programmer but my previous counselor wouldn't go along with it," it is helpful if the record identifies why the consumer and counselor disagreed about that option. A Individualized Written Rehabilitation Program (IWRP) consumer views section may merely state "I agree with this plan." Such a statement leaves no clue as to how this critical decision was made. If the decision-making process is well documented, it is possible to review the rationale. If plans go awry, one can retrace the decision-making process to identify the point of breakdown.

Additionally, the groundwork relevant to future issues will already be in place. It should not be necessary to start from scratch each time a problem arises.

The case record provides a place to substantiate the rationale for all decisions regarding planned services. It is used to record contributions of the counselor to the rehabilitation process. It also serves as a reference point to know what action steps were planned. Additionally, documentation establishes that services are being provided in accordance with legislation, regulations, or policies specific to the vocational rehabilitation program. Documentation provides the basis for a monitoring tool and a means by which an agency can maintain and improve the quality of its operations and test the services it provides. Since the record provides the only means by which federal and agency audits are conducted, (at present) adequate documentation is critical to avoid loss of dollars through audit exceptions.

Perhaps one of the most important aspects of documentation is that by its nature the writing process is a thinking process. Writing the progress notes helps the counselor crystallize the thought process behind the decision making. The act of writing causes the counselor to organize and think about the essentials that must be captured for the decision-making trail that the documentation is to convey. The documentation process itself then has an impact on the direction and ultimately on the appropriateness of the services provided.

There are some obvious reasons for thorough documentation that are relatively self-serving. A counselor's attending a single fair hearing or administrative review will raise awareness of the need to document decisions. This is particularly true if the consumer's participation in those decisions was not well recorded. All rehabilitation professionals are aware of the increasing emphasis on empowerment and consumers' rights issues. The mandate for empowerment clearly carries with it an expectation of access to the best guidance services and counseling available to assist in the process. Also implicit is the concomitant documentation of that process.

If counselors do not document their counseling how will program auditors identify this most valuable service? It is probably no secret that there are those, even within the rehabilitation system, who are unaware of the vital role the counselor plays in the rehabilitation process. Why else would counselor salaries be identified as an administrative cost? "If it isn't a purchased service, it doesn't exist" is the thinking of those who see the rehabilitation professional as primarily an eligibility worker or forms processor. This might be an accurate perception if consumers arrived at the agency's doorstep with well thought out vocational goals and efficient, realistic plans for accomplishing them. As any seasoned counselor can affirm, this is the exception rather than the rule. Counselors wish to change the perception that they are case coordinators and remind administrators that counseling remains an integral part of the process. To accomplish this goal they will need to provide evidence to those looking for ways to cut costs. They must prove that the vocational rehabilitation counselor is not an expendable part of the process. The record must show the counselor's contribution to realistic goal selection, the rationale for service selection, and the assistance provided to the consumer in monitoring progress toward the goal. If the counselor cannot document that process, then the critics may be right and there is no need for a qualified rehabilitation professional involvement with the consumer. It should be pointed out, however, that consumer demand for qualified rehabilitation counseling supports the need for specialized personnel, rather than serving as an indictment of

current practice.

WHEN TO DOCUMENT

Care must be taken that the documentation process not dominate the counselor's time. The single most important documentation skill that a counselor can develop to address this issue is self-discipline. Documentation must be done as close to the time of the session as possible. Counselors who make a habit of documenting a session immediately will find this practice results in accuracy and also shaves hours from the process. A solid initial interview can be dictated in ten minutes if completed the moment the consumer leaves the office or the counselor leaves the home. An interrupting phone call or two taken before completion of the task will double the documenting time. Waiting until the next day will easily quadruple the effort required in documentation. It cannot be emphasized enough that the counselor cannot afford the luxury of procrastination. Every effort must be made to develop a disciplined approach to the task including self directed behavior modification techniques if necessary. Access to dictating machines and/or word processing equipment, including portable units for use in the field, will assist in ensuring timeliness of recording.

Not only will documentation be less time consuming and more accurate if done in a timely way, but disciplining oneself to record information immediately can also serve to enforce brevity and succinctness in writing. There is motivation to do the paperwork quickly, for the disciplined counselor, if the next appointment is waiting in the lobby when a session has finished. The tendency to record non-essential details from the previous session will hopefully be eliminated as well. The result is brief and accurate recording that does not take away from the counselor's more cherished activity of consumer interaction.

Some counselors have suggested that documentation can and should take place with the consumer present in order to ensure timeliness and congruence of perception. Dictating the notes with the consumer present, and asking the consumer to add comments could make this a shared activity. It would resolve the difficulty of incorporating the required consumer's views into the documentation process. It might also break down any misperceived ideas that the record is the agency's file, not the consumer's, and the implication that the counselor is the authority on the consumer's life. This procedure also helps reduce or eliminate the use of pejorative words to describe consumer behavior--words that should not appear in any case file.

In addition to documenting as close as possible to the time that a session occurs, it is probably appropriate to discuss other aspects of when to document. All counseling sessions are not of equal importance and, therefore, should not be recorded equally. Initial interviews and decision-making sessions are of prime importance and should be recorded in detail. Other sessions requiring detailed recording of information are (a) sessions where unusual incidents occur and (b) sessions where there is a controversial issue or difference of opinion between the consumer and counselor. Identification of progress toward goals and consumer interest and motivation are other issues to address as well. Care must be taken that only essential information is included and that the documentation process does not dominate the counselor's time.

HOW TO DOCUMENT

The case notes should serve as a road map for the provision of all services to the individual. While there is never a need to duplicate information recorded elsewhere in the file, it is important that the notes provide information as to where vital information is located in the file and when it is received and/or acted upon. While it may seem obvious to the counselor, one should always identify for the record when and how evaluation results are shared and what action steps were taken for both the counselor and the consumer.

Any disagreement between the counselor and the person with a disability must be recorded. The counseling process is sometimes a very stormy process. This is particularly true in the vocational rehabilitation counseling process where the purchase of services sometimes clouds the issues. Decisions are sometimes not easily reached. For this reason, it is important to document non-decisions as well as decisions. The notes should reflect the actual process and not be an exercise in creative writing. Every decision is not a crisp one, and there is rarely one hundred per cent agreement among all parties involved. The notes must reflect what actually happened.

One common problem in case recording is the failure to include the obvious. For example, there is often the tendency to start in mid-activity assuming that the reader had access to basic information that is never mentioned anywhere else in the case file. A sudden reference to a vocational goal not mentioned previously, for example, is a sure indication that some vital documentation has been omitted. Some of the basic essentials are "Why was the session held?" "What issues were addressed?" "What conclusions were reached?" "What are the next steps?" "Who was going to do what next?" The case notes should contain all of the above information. Anyone who picks up the file and attempts to provide service will need this information to carry on in the counselor's absence. The counselor should ask, "Have I explained how the consumer and I arrived at the decisions that were made?" and "Have the guidance and counseling issues been delineated?"

The examples in previous chapters on career counseling and vocational guidance illustrated that the documentation does not need to be lengthy. It is important that it be specific and deal with substantive issues. The documentation should allow an auditor or anyone reviewing the case to see evidence of the vocational guidance and/or career counseling as it evolved. There should be a clear decision-making trail in the case file.

Reference has already been made to the need for brevity and succinctness. The documentation should generally be a narrative and written in complete, easy-to-follow sentences. The case notes given in the chapter on career counseling gave an example of a note written in abbreviated sentence format that is acceptable as well. It is important for counselors to recognize that they are not writing the "great American novel!" While writing style is nice, content and timeliness are the more critical factors in the process. A perfectionist attitude toward writing style is often responsible for creating the procrastination that must be avoided. If the counselor avoids entering the note until he is "up" to the task of doing a perfect job of writing, it will result in imperfect recording and poor time management.

Counselors should be objective in documentation. Case recording should be concise,

relevant, and restricted to facts or direct observation as much as possible. While there may be a tendency for the counselor to emphasize his/her own biases in case recording, it is important to stick to observable events. Recording the observation of bloodshot eyes and slurred speech, for example, is preferable to stating that the individual was or appeared to be drunk. Special care must be taken to avoid inflammatory language or emotionally loaded words. Disciplining oneself to avoid judgmental writing also assists the counselor in developing the habit not to think in this way!

Consider the impact of the words "doesn't wish to" as opposed to "refused to" in the following examples: "Mary refuses to see a psychiatrist" versus "Mary doesn't wish to see a psychiatrist." Add the word "stubbornly" before the word "refuses" and the entire complexion of the case note changes as surely as does the actual consumer/counselor relationship!

One simple way to enforce objectivity in writing style is to always write notes as though the consumer will read them. When this is kept in mind, there will be little temptation for excessive editorializing. If case notes are written with this kind of objectivity, the counselor is better protected if the notes are quoted in a court of law--another important reason to make objectivity a priority. Reference has been made to another option which involves the consumer's actual involvement in the case note recording at the time of the session. This would also ensure objectivity.

There is some difference of opinion among agency representatives about how much of counselor impressions should be recorded in the case file. The major consideration should always be "What do I need to justify the chain of events that is being recommended?" Recording voluminous "he said" and "she said" has no place in good case recording. It only serves to muddy the issues which the counselor seeks to clarify. However, the inclusion of "to do" lists of activities at the end of the case note is an excellent way of reinforcing needed action steps. A list should be developed for both the consumer and the counselor. For example:

Consumer

1. Will bring school records to next meeting.

2. Will visit ABC tech school and talk to staff in the machine shop regarding entrance requirements, placement rates, and length of program.

3. Will visit three machine shops to observe work being done, machines used, and need for trained machinists.

Counselor

1. Will get medical records from Dr. Lawrence.

2. Review job net for projection of local need for machinist by type, training, and experience.

STATUS 14

Status 14 case recording need not present any special problems if notes are recorded taking into account the factors already discussed. The only unique issue relevant to this status is that the counseling itself is the primary service being provided. To ensure that there is legal documentation of substantial vocational rehabilitation service, the case notes must reflect counseling sessions dealing with substantive issues. "Counseling session held this date" is not an appropriate entry for this kind of documentation. Identification of the issues and how they were addressed and/or resolved, as with any case note, needs to be an integral part of the case record.

Case Note 11/12/93

Note dictated in consumer's presence. Again noted that Joe's speech was slurred, eyes red, and gait unsteady. Suggested that he has a drinking problem. Joe agrees he was drinking prior to our meeting but does not feel it is excessive. Reminded him that he lost his license last month due to DWI. Urged him to go for alcohol screening and treatment if found that he has a problem. Joe agreed to the screening but is unsure if he can accept treatment. Phone call to Our House (alcohol & drug abuse center) and an appointment made for screening at 9:00 a.m. Tuesday, 11/15/93. Joe was given a travel voucher to get to the Center. He will call me regarding the outcome of the screening. (Status 14)

FORMS AND PROCEDURES

Agencies may have specific requirements as well as resources for case documentation. Some employment settings may allow for legible handwritten notes while some agencies may require that all notes be typed. The use of a dictaphone with clerical transcription is an option as is counselor-operated word processing equipment. The final analysis should consider the least labor intensive alternative that meets the needs of the situation. Careful review of available technology must always be assessed by those in positions to make decisions about the process by which case records are documented.

There may be specific forms or recording formats that could expedite the documentation process. As with the analysis of the equipment and methods, forms and format should be assessed to determine the most expedient method that appropriately meets staff needs and fosters timely case documentation.

Examples

In order to illustrate the points made in this section, examples of poor, good, and exemplary documentation are provided.

Examples of telephone documentation

Poor: Telephone call this date.

Good: Telephone call. Discussed problem Henry is having with his wife. He wants case on hold. He will call back within two weeks to discuss further.

Exemplary: Telephone call. Henry's wife wants him to cancel plans for school and look for employment now. Suggested alternatives for doing both. Will meet on 11/16/93 at 11:00 a.m. to review results of efforts at work study placement. Wife will attend this session.

Examples of Plan Development Documentation

Poor: Henry wants to go to drafting school. He said his father wasn't happy about it at first but he's changed his mind. His Aunt Susan said that she thought he could handle it and his grandmother agrees. Henry had the flu last week but he's better now. His mother has him on vitamin C and a diet of chicken soup. We discussed transportation and Henry argued about having to take the bus. He looked to me like he was on drugs so we added drug screening to his IWRP. Henry complained about the testing and demanded to have a copy for his parents. His girlfriend is in the hospital so he left early. Moving case to Status 18 this date.

Good: Henry in office today for IWRP writing. We reviewed his test results from the drafting school that Henry has selected and it appears he can be successful. The results of the psychological tests had suggested a poor prognosis for academic training, but the EZ Draw Drafting Academy which he selected will provide individualized tutoring to help him through. The plan will begin on January 15 and extend through December 31 of this year. Details, goals, and monitoring criteria are outlined on the IWRP. Henry was given a copy. The plan includes a bus pass for transportation. This is not a satisfactory long term means of transportation as the bus ride adds one and a half hours at each end of the school day. With Henry's medical condition, he will have trouble tolerating that schedule. Henry will explore car pooling with other students once he starts school and counselor will contact van transit programs as an alternative. Status 12 this date. Henry will contact me at the end of the first month of school and if either of us finds a transportation alternative.

Exemplary: Henry in office this date to discuss vocational planning. Henry had decided on drafting as a vocational goal which his family supports. We reviewed the results of all testing, including the entrance exams from the EZ Draw Drafting Academy. Although Henry passed the school's exam, he is fearful of the high academic standards at the school. Psychological test results suggest that Henry would do best in a "hands on" learning atmosphere because of his 8th grade reading level. Counselor is most concerned about placement options in the drafting field which is saturated in this city. We mutually agreed that we were not ready to write an IWRP until this can be checked out. Henry was given an employer information survey to complete and counselor will check out O.J.T. options as an aide with architectural firms here in the city. We will meet again in two weeks for further planning. Transportation will be an issue for any option

as Henry is not located near a bus line. He is also having some problems with his diabetes control which we discussed as he "nodded out" twice during our session. Both issues will be addressed in our next meeting as well.

Examples of Counseling Session Documentation

Poor: Counseling session this date. Will meet again in two weeks.

Good: Counseling session this date focusing on reality issues of career selection. Training program will be too long if optimum plan selected now. Henry's decision is to limit to AA degree and look at options in the electronics field.

Exemplary: Counseling session this date focusing on reality issues of money and time in career selection. Henry looked at needs of family and child support issues and decided on a two-year max for training prior to employment. Exploring options in electronics field with AA degree and goal as technician. Will consult computer data base for labor market information and Henry will contact Motorola HRD with questionnaire we developed to resolve questions about the functional capacities required by employers for technicians. Local junior college has training program. Henry will contact and arrange to develop plan of studies. Will meet again in one week for writing of the specifics in the IWRP.

CONCLUSION

If done appropriately, the documentation of the counseling process throughout the plan life will serve both the consumer and the counselor well. While documentation will not become a "best-loved" task, it will be easier to develop a tolerance for it if approached from a disciplined framework. It is imperative that counselors be given the support, encouragement, and tools to ensure that documentation is accomplished in a timely and meaningful way.

Chapter VIII

IMPLICATIONS FOR ADMINISTRATORS, SUPERVISORS, EDUCATORS, AND CERTIFYING BODIES

Guidance services and counseling will easily emerge as more prominent and integral parts of the rehabilitation process as state and federal administrators, university educators, and rehabilitation certifying bodies incorporate the intent and requirements of the Rehabilitation Act Amendments of 1992 into existing operations. The amendments mandate collaboration among these entities for advancement of a "comprehensive system of personnel development" which yields and sustains an adequate supply of rehabilitation professionals (Rehabilitation Services Administration, 1993). State administrators must prepare and federal administrators must approve state plans that demonstrate this collaboration. Institutions of higher education and certifying bodies will need to work closely with state and federal agencies to ensure qualified persons enter and are retained in the state/federal program.

QUALIFIED PROFESSION ISSUES

Guidance services and counseling have the capacity to embrace the principles of "inclusion, integration, and full participation of individuals with disabilities" in the state/federal partnership (Rehabilitation Services Administration, 1993). What other components can better assure that issues of dignity, privacy, access, and choice become the standard in rehabilitation practice (Rehabilitation Services Administration, 1993)? All persons involved in the rehabilitation service delivery system must commit to competence. This commitment is not just to satisfy legislative requirements. Persons with disabilities have an inherent right to service that is shared and competently rendered and delivered.

The 1992 Amendments to the Rehabilitation Act reiterate the need for qualified rehabilitation counselors. The amendments mandate "procedures and activities the state agency will undertake to ensure that all personnel employed by the designated state unit are appropriately and adequately trained and prepared" (Rehabilitation Services Administration, 1993). Although federal legislation requires service be provided by "qualified personnel," it leaves specifics for determining what that means to the "designated state unit" (Rehabilitation Services Administration, 1993). Section 101 (7)(B)(i) of the law addresses the need for standards that are consistent with "any national or state approved or recognized certification, licensing, registration or other comparable requirements." As a result of not having national standards, there is no uniform hiring practice for rehabilitation counseling personnel in the state/federal program. Nor is there any national agreement as to the prerequisite knowledge base and skill repertoire for newly hired personnel. As a result, no consistent standard for experience and education of vocational rehabilitation counselors has been established from state to state or

region to region. People employed have varying education levels, degrees, and work experience as no minimum standard core of competencies has been agreed upon (National Institute on Disability and Rehabilitation Research, 1992). When core competencies are standardized, then state agencies and their local partners in community rehabilitation programs will have greater success in pinpointing persons in applicant pools who possess desirable qualifications.

NATIONAL STANDARDS

Perhaps the process of determining national standards and competencies should begin with agreement upon a uniform code of ethics. A number of existing codes, e.g., the Commission on Rehabilitation Counselor Certification's Code of Professional Ethics for Rehabilitation Counselors, could easily be adapted toward this end. Such agreement on ethical conduct would certainly serve well in establishing a viable infrastructure for "qualified" rehabilitation counseling practices.

Given the new Rehabilitation Act's emphasis for collaboration, it seems an excellent time for state and federal administrators to work with educators and certifying bodies toward consistency in the establishment of quality standards for rehabilitation practitioners. Clearly, service provider quality is directly related to the quality of the service received by persons with disabilities and their satisfaction with those services.

As standards are established, efforts must be made by all to develop more effective methods and measures to evaluate service components. This is particularly necessary for guidance and counseling services. While standards are not a new concept, it remains one that needs great care and attention. In recent years, there has been a thrust to measure success not only quantitatively, but qualitatively as well (Patterson & Leach, 1987), and this movement must continue.

Many methods exist that can assist in the measurement of a counselor's performance. However, such performance measures must be based on realistic position descriptions and job analyses. Service satisfaction surveys completed by consumers and employers can also provide valuable feedback to counselors as well as supervisors and administrators (Emener & Placido, 1982). Analysis of work can indicate an important aspect of service quality, i.e., timeliness that in and of itself is an important aspect of satisfaction. However, the evaluation of actual counseling skill and practice remains difficult. University rehabilitation programs may be in the best position for making significant contributions to the effort of defining quality parameters in counseling that are measurable.

A teaching model that takes several different forms such as self-evaluation, peer evaluation, consumer progress staffing, consultation with appropriate specialists, and the like could prove useful in evaluating guidance service and counseling practice. Other professional disciplines in the human service arena, e.g., therapists, psychologists, and psychiatrists, often have their own therapist or clinical supervisor who could be consulted to talk about their feelings and improve their work with clientele. Successful completion of course work or participation in satellite learning programs that include a demonstration of techniques might also be considered as a way to observe and, thus, evaluate guidance service and counseling skills. Use of video

technology might also prove helpful in this evaluation process. The ability to actually view performance is highly effective in implementing and validating skill proficiency.

The establishment of mentoring systems in the state/federal rehabilitation program could assist practitioners and promote professional growth and skill enhancement. Counselor "buddy" systems or co-counselor models could especially help new counselors assure that appropriate guidance services and counseling are provided. Both the "mentor" and the new counselor would benefit from such a relationship. Mentors need not only include agency personnel. University professors and successful consumers could serve in this capacity.

Certifying bodies need to examine their current process as progress is made in the area of evaluating guidance services and counseling skill proficiency. The certifying process should obtain some type of experiential or observational aspect rather than relying as heavily, if not solely, on "paper" reviews and examinations. Similarly, state and federal agencies need to develop methods to augment existing case review processes which historically have been "paper driven." Likewise, university programs need to ensure that adequate funding is available for actual field observations and interactions with students during internship and practicum experiences. The current practice of "distance" supervision, which is primarily driven by funding availability, needs to be augmented with more extensive field interaction among the student, professor, host supervisor, and consumers.

Competency-based measurement and certifying processes will aid in the hiring of persons in rehabilitation counseling positions who can provide quality service upon entry into the job setting. The prerequisite knowledges and skills identified in Chapter III must be used as part of the hiring guidelines of new vocational rehabilitation counselors and similar professionals. In states where this is impossible or improbable, in-service training initiatives must ensure that knowledges and skills are obtained by vocational rehabilitation counselors. State administrators will need to look for methods that can be used to evaluate critical service areas, such as guidance services and counseling, during standard performance appraisals and evaluations. Special attention is needed to differentiate between the initial probationary and subsequent annual staff reviews. Maintenance of skill and updating of knowledge are critically important to sustain quality performance.

MULTICULTURAL ISSUES

University counselor preparation programs will need to continue recruiting professors who have the capacity to effectively teach and subsequently evaluate guidance service and counseling skills. Students must be identified who have the desire and potential to learn guidance service and counseling techniques that uphold the philosophical policies of the rehabilitation program as outlined in the Rehabilitation Act of 1973 as amended by the Rehabilitation Act Amendments of 1992.

Clearly persons from diverse backgrounds and underserved populations are ready to make substantial contributions to rehabilitation practice. Through inclusion, integration, and full participation of these persons, university educators and certifying bodies can join state and federal agencies in forging a more diverse and representative rehabilitation work force.

The challenge of meeting multicultural needs in the '90s certainly will not be resolved only at the hiring and retention stage. Curricula at the university level need revision to ensure that multicultural awareness and appreciation are incorporated. Incorporation of multicultural issues must include not only practical application but also internal consistency to assure instructional authenticity and validity. Similarly, state and federal agencies must infuse in-service training programs with multicultural sensitivity.

Rubin and Roessler (1987) emphasize that counselors must be sensitive to the attitudes they bring to the rehabilitation relationship. Training is needed to expose counselors, supervisors, and administrators to their own ethnocentrisms. It is especially important for rehabilitation counselors and their support systems to remain open to individual self identification as well as sociocultural and historical aspects of their own heritage (Leal, 1990) and that of those they serve. Attention to the unique contributions of persons from culturally diverse backgrounds is necessary as the rehabilitation community moves forward in defining and refining the competencies desired for rehabilitation partnerships.

In a like manner, attention must be paid to the power differential inherent in the guidance and/or counseling process. Rehabilitation must assure that consumers assume responsibility as quickly as possible for making informed choices which lead to fulfilling outcomes. The publication Client Involvement: Partnerships in the Vocational Rehabilitation Process (Institute on Rehabilitation Issues, 1988) should be required reading for all levels of staff in rehabilitation settings and used as one of the primary texts in university introductory rehabilitation courses.

Counselors will need support and open communication with supervisors and advocacy agents as consumers assume full partnership roles within the rehabilitation process. The commitment of full participation must be reflected in agency mission statements, philosophies, and purposes and then activated in individual staff work plans. Unless administrators and supervisors consistently model this commitment to partnerships, the quest for quality service will fall short and ultimately disintegrate. If counselors are expected to share decision making with clientele, they in turn should expect similar treatment from their supervisors and administrators.

If state and federal agencies and universities are to attract and retain persons with highly developed skills in guidance services and counseling, several areas need examination:

1. Salary schedules need review to assure that appropriate compensation is offered at levels commensurate with the level of skill and proficiency required.

2. Case load sizing and stratification needs review to assure that appropriate levels are maintained for effective quality in service delivery.

3. Order of consumer selection needs attention to assure that the best qualified staff deal with the most difficult and complicated issues presented by persons with severe disabilities.

4. Outcome measures need to focus not only on successful placements but also on quality progress. Performance evaluation processes must focus on those

consumers remaining on a case load as well as on those exiting the system.

5. Work study and participation by agency staff in campus and field-based (e.g., long-distance learning and teleconferencing) rehabilitation classes are needed between university counselor programs and state and federal agencies.

6. Inclusion of advisory boards, consumer organizations, and advocacy groups in state and federal human resource development initiatives is needed as a way to strengthen the bonds of trust. These efforts will help validate efforts of quality assurance.

SUMMARY

The way work is done in rehabilitation agencies can be transformed given the right organizational culture and reinforcement. Specifically, rehabilitation partners need to consider the following within their respective and collective long range strategic planning.

State Agencies

1. Consider guidance services and counseling as substantial rather than auxiliary service components.

2. Provide direct service providers with the necessary technology for field-based documentation of guidance services and counseling.

3. Increase in-service training funds to sponsor new or re-orientation programs on the importance and methods of guidance services and counseling.

4. Establish mentoring or similar systems that use the talents and expertise of current staff, local university professionals, and successful consumers.

5. Proactively use Regional Rehabilitation Continuing Education Programs (RRCEP), Research and Training Centers (RTC), and university counselor preparation programs to develop and implement in-service curriculums that address the needs of agency staff.

Federal Agencies

1. Adopt the status system outlined in CSAVR's "Aspen Paper." If not adopted, rewrite case procedures to allow vocational goal selection to occur in the current Status 14 (Rehabilitation Services Administration).

2. Establish demonstration projects on experimental status systems that emphasize guidance services and counseling as integral components of the service delivery system (National Institute on Disability and Rehabilitation

Research).

3. Rewrite the substantial service definitions with the intent of broadening definitions beyond "purchasable" services only (Rehabilitation Services Administration).

4. Fund work study programs at the masters and doctoral levels among state agencies, community rehabilitation programs, centers for independent living, and university programs (Rehabilitation Services Administration).

5. Establish agreement on national standards of performance and educational expectancy for the hiring of rehabilitation personnel (Rehabilitation Services Administration).

6. Establish agreement on national expectations for knowledge and skill maintenance that is recognized by state licensing or similar approval agencies (Rehabilitation Services Administration).

University Programs

1. Infuse existing curriculum with multicultural sensitivity and awareness.

2. Uphold state/federal agency employment as desirable and preferable for students making critical career entry decisions.

3. Insure that students are treated with the same dignity and respect they will be expected to display with future clientele.

4. Offer "refresher" (continuing education) guidance services and counseling courses specifically for persons currently employed in the state/federal program.

5. Obtain funds to expand current field observation and supervision with students on internship or practicum experiences.

Certifying Bodies

1. Include multicultural considerations in current accreditation practices (Commission on Rehabilitation Education).

2. Insure that certifying processes include observation or experiential components to validate competency (Commission on Rehabilitation Counselor Certification).

3. Seek funding to develop outreach capacities to state agencies in the development of state specific certifying processes (Commission on Rehabilitation Counselor Certification).

4. Establish certifying processes for rehabilitation counselors in state vocational rehabilitation agencies serving persons who are blind and for those in community-based settings (Association for Education and Rehabilitation of the Blind and Visually Impaired).

CONCLUSION

The power of possitive thinking when unleashed in rehabilitation will forge new models to replace old ones. A cutting edge mentality among state and federal agencies in partnership with educators and certifying bodies will bring about astonishing results. Just as guidance services and counseling are the centerpiece of effective rehabilitation, communication among these constituencies is central in effecting the change needed to move rehabilitation into the next millennium.

In order to achieve these recommendations, all parties in the rehabilitation community must work collaboratively and proactively rather than competitively. Each has unique qualities that can assist in the creation of a synergistic view of the whole community. Consumers, state and federal employees, and certifying officials can work together to reach these goals.

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